2024 PIMA COUNTY Community Health Needs Assessment

Banner University Medicine

PIMA COUNTY

TMC HEALTH

PREPARED BY THE ARIZONA PREVENTION RESEARCH CENTER

Table of Contents

2024 PIMA COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT 3

EXECUTIVE SUMMARY 4

BACKGROUND AND METHODS 7

HOW TO READ THIS REPORT 14

PIMA COUNTY: A SNAPSHOT 17
- History and Geographical Region 18
- Demographic Characteristics 18

BRINGING IT ALL TOGETHER: PRIORITIES FOR HEALTH IN PIMA COUNTY 29
- Child and Adolescent Health 29
- Mental and Behavioral Health 30
- Substance Use Disorder 31
- Priority Social Determinants of Health 32

COMMUNITY CONTEXT ASSESSMENT 33
- Background 33
- Primary Data Collection Methods 33
- Limitations 37
- Primary Data Results and Top Health Concerns 38
- Gallery Walk Community Forum Prioritization Results 61

COMMUNITY STATUS ASSESSMENT 67
- Health Status and Mortality 71
- Chronic Disease 81
- Chronic Disease Risk Factors and Health Behaviors 88
- Mental Health 91
- Substance Use 94
- Infectious Diseases 103
- Sexual Health 111
- Maternal, Infant and Fetal Health 114
- Child and Adolescent Health 122
- Climate and Health 128
- Economic Stability 137
- Health Care Access and Quality 146
- Education Access and Quality 151
- Social and Community Context 156
- Neighborhood and Built Environment 161

REFERENCES 165

APPENDIX A: KEY INFORMANT, FOCUS GROUP AND COMMUNITY FORUM PARTICIPANT CHARACTERISTICS 181

APPENDIX B: HEALTHY PIMA INDICATORS 188

APPENDIX C: PIMA CHNA SURVEY RESULTS 191

APPENDIX D: KEY INFORMANT INTERVIEW AND FOCUS GROUP DISCUSSION GUIDES 215

2024 PIMA COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT
One Page Summary

METHODS

Data Collection:
- Community Context Assessment: 41 Key Informant Interviews, 8 focus groups (71 participants)
- Community Forums: 98 Gallery Walk participants
- 2024 Pima CHNA Survey: 4,036 participants
- Community Status Assessment: secondary data from publicly available sources

KEY DATA POINTS

One mental health provider for every 440 residents	Almost one in ten (9.1%) adults have a diabetes diagnosis	Opioid overdose deaths increased by 202% between 2016 and 2023
One in two (47.8%) adults over 65 have a high social isolation risk score	One in three (33%) 8th graders was picked on or bullied in school in 2022	Nearly one in three (30.34%) households spends more than 30% of their income on housing
One in ten (10.9%) people experience food insecurity	Almost nine in ten (86%) people report having adequate access to locations for physical activity	From 2011-2019, new diabetes diagnoses decreased by 46%

ASSETS	CHALLENGES
▪ Recreational opportunities including access to parks and trails ▪ Free public transportation in Tucson ▪ Organizations collaborate to support health and well-being ▪ Reduced stigma for mental health challenges	▪ Limited health care workforce and burnout ▪ Economic challenges including inflation and high housing costs strain families and communities ▪ High rates of vehicle, pedestrian and biker injuries and deaths ▪ High levels of social isolation and loneliness

HEALTH PRIORITIES

Priority Health Issues	Influential Factors	Priority Social Determinants of Health
▪ Child and Adolescent Health ▪ Mental and Behavioral Health ▪ Substance Use Disorder	▪ Lack of affordable mental health resources and providers ▪ Long wait times for appointments ▪ Funding and workforce shortages ▪ Lack of trust in health care system ▪ Substance use disorder, mental health and physical health are deeply connected ▪ Politicization of health care	▪ Inflation and cost of living increases ▪ Lack of safe and affordable housing ▪ Roadway safety

Executive Summary

Background

The 2024 Pima County Community Health Needs Assessment (CHNA) represents an ongoing collaborative effort between nonprofit hospitals, the Pima County Health Department, and key community organizations and partners to identify and prioritize key health issues. The results from the CHNA will guide the Pima County Community Health Improvement Plan (CHIP) to improve community health.

Methods

The Community Health Assessment methods included:

Pima CHNA Survey: the Pima County Health Department implemented a community health survey that reached 4,036 residents. The results are incorporated throughout all sections of the report.

Community Context Assessment (CCA): The CCA uses qualitative data to understand the unique insights, expertise and perspectives of individuals and communities. Diverse groups were engaged through 41 key informant interviews and eight focus groups with 71 community member participants.

Community Forums: Forums are community-focused activities organized to share results, get feedback and prioritize health issues. Activities included three bilingual gallery walk events and one bilingual virtual gallery walk engaging 98 community members throughout Pima County.

Community Status Assessment (CSA): The CSA compiles secondary data from publicly available sources to understand the health status of the community. Multiple rounds of reviews were conducted by experts and non-experts to ensure the data within this report is correct, relevant and understandable.

Priority Health Issues

Child and Adolescent Health

Child and Adolescent Health includes a range of factors that impact mental and physical well-being. Young children need additional support for developmental delays and challenges exacerbated by the COVID-19 pandemic. Adolescents face mental health challenges that stem in part from technology and social media use. Child and adolescent health is intricately connected to large and complex educational, medical and social support systems, and require support for the entire family. There is a need for youth-specific services and programs that build trust and ensure access to high quality services.

Mental and Behavioral Health

Mental and behavioral health is closely linked to other priority health and social determinants of health issues in Pima County. While awareness of mental health resources has increased in recent years, key challenges remain. There are long wait times for appointments, a lack of mental health providers and challenges with acquiring proper diagnoses and treatments. Mental health is related to other challenging issues, including substance use, homelessness and chronic disease.

Substance Use Disorder

Substance Use Disorder and mental health are intricately linked and, in Pima County, is exacerbated by the widespread presence of fentanyl. There is a need for more funding for prevention, treatment and recovery services, as well as investments into the workforce in order to combat burnout and shortages. Stigma, housing instability and difficulty navigating the health care system are barriers to accessing care.

Social Determinants of Health

The Social Determinants of Health (SDOH) are the conditions in the places we live, work, play, learn, worship and age that impact a variety of health experiences and outcomes. The SDOH are essential to creating conditions which allow Pima County residents to live healthier lives and to effectively address the top health issues. The five SDOH categories and major findings for Pima County are:

- **Economic Stability** is impacted by lack of affordable housing, rising cost of living, and poverty. Assets include support and funding to improve economic stability. Challenges include the loss of economic support programs funded through recent federal government programs.
- **Health care access and quality** is supported by the availability of organizations that provide high quality and low cost mental and physical health services. Challenges include the lack of providers and long wait times for appointments.
- **Neighborhood and Built Environment** is supported by the ample recreational opportunities including parks and outdoor activities. Assets within urban centers also includes the current free public transportation in Tucson and programs to improve roadway safety. Challenges persist, particularly in rural areas where there are shortages of free or low-cost recreational activities, high rates of vehicle, bicycle and pedestrian injuries and safety concerns impacting usability of parks and other amenities.
- **Social and Community Context** is supported by a sense of belonging in neighborhoods and communities. Key challenges include high risk of social isolation and loneliness, particularly amongst older adults. Qualitative data indicates that stigma against mental health and substance use have decreased.
- **Education Access and Quality** is supported by strong early childhood education programs and community college offerings. Challenges include limited funding for physical and mental health services in schools.

Forces of Change

Forces of change are external factors that can impact the health of a community. These factors can be positive or negative, and they can come from a variety of sources, including policies, changing social norms and changing demographic, economic or environmental characteristics. Key forces of change that impact the health of the Pima County community include:

- Loss of funding and support from pandemic relief policies has decreased the number of programs and funding to support resilience and well-being.
- Climate change is causing more intense heat waves and requires mitigation and response.
- The politicization of health care impacts access to quality and affordable care, especially for reproductive and LGBTQ+ health care.
- Access to telehealth has improved in part due to policies and improvements during the pandemic.
- Participants in data collection activities observed that stigma related to mental health has decreased in recent years, though it remains a barrier for many in seeking care.

Assets and Strengths

The CHNA identified many strengths and assets in Pima County that can support efforts to improve public health. These include:

- Strong sector of nonprofit and social service agencies that collaborate to support community health and well-being.
- Organizations that provide high quality and low-cost access to primary and mental health services across the County, especially programs offering preventative programs and street outreach.
- Access to recreational opportunities including parks, trails and bike infrastructure to support active living.
- Strong early childhood and community college or vocational educational and support programs with training, financial support and scholarships.

Barriers and Challenges

The CHNA identified several key barriers and challenges that can hinder efforts to improve public health:

- Health care and public health workforce shortage due to burnout or low wages.
- Lack of free or low-cost recreational activities for youth and adults.
- High rates of pedestrian, bicycle and vehicle casualties and fatalities.
- Lack of funding for mental and physical health resources in schools.
- Increasing frequency of extreme weather events, particularly extreme heat temperatures, compound existing burdens and vulnerability.
- Inflation, rising cost of living, and lack of affordable housing cause economic strain that influences health and well-being.

Background and Methods

Pima Community Health Needs Assessment Background and Purpose

The 2024 Pima County Community Health Needs Assessment, known as the CHNA, represents an ongoing collaboration between the Pima County Health Department, nonprofit hospitals and other health and social service partners in Pima County.

The Patient Protection and Affordable Care Act requires nonprofit hospitals to assess and address the health needs of the community they serve. In addition, the Pima County Health Department is required to undertake a comprehensive community health needs assessment (CHNA) for accreditation, to inform the development of its Community Health Improvement Plan (CHIP) for the County. This CHNA report represents the ongoing collaborative effort by nonprofit hospitals and the Pima County Health Department.

CHNA partners include public health professionals, community health centers, community leaders, health advocates and community members. Together, these partners have harnessed their networks, resources, and expertise to identify and prioritize major health issues confronting the Pima County community.

This collaborative approach builds on the work of previous CHNA reports to provide an ongoing narrative of health and well-being in Pima County. Throughout the CHNA process, community members, health advocates and health care leaders have provided their input not only on the most pressing issues facing the County, as well as assets and strengths that will help our community to address these issues.

As in previous reports, the assessment process emphasized the social determinants of health in all aspects of data collection, analysis, and interpretation. The social determinants of health are defined as the conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes. Highlighting the social determinants of health provides comprehensive information to support the development of policies and programs to promote community health and reduce barriers to care.

The findings from this report will inform the Community Health Improvement Plan (CHIP) to address the major health issues facing Pima County through the implementation of shared community goals, strategies, and objectives to improve the public's health.

Methodology

The Pima County CHNA represents a yearlong process of data collection, engagement, and priority setting. Throughout the CHNA process, community members, health advocates, service providers and public health professionals provided their input to identify, understand and contextualize health issues.

This process began with a review of publicly available secondary data from reputable sources such as the American Community Survey (ACS) and the Arizona Department of Health Services (ADHS) combined with secondary and primary data from the Pima County Health Department and other partners. The secondary data collection incorporates the newly published Healthy Pima Indicators and aligns with the national Healthy People 2030 Leading Health Indicators. Primary Data Collection included the methods outlined in *Figure 1*. A more complete description of each method is included in the introduction to the Community Context Assessment and the full list of sources cited can be found in the References section.

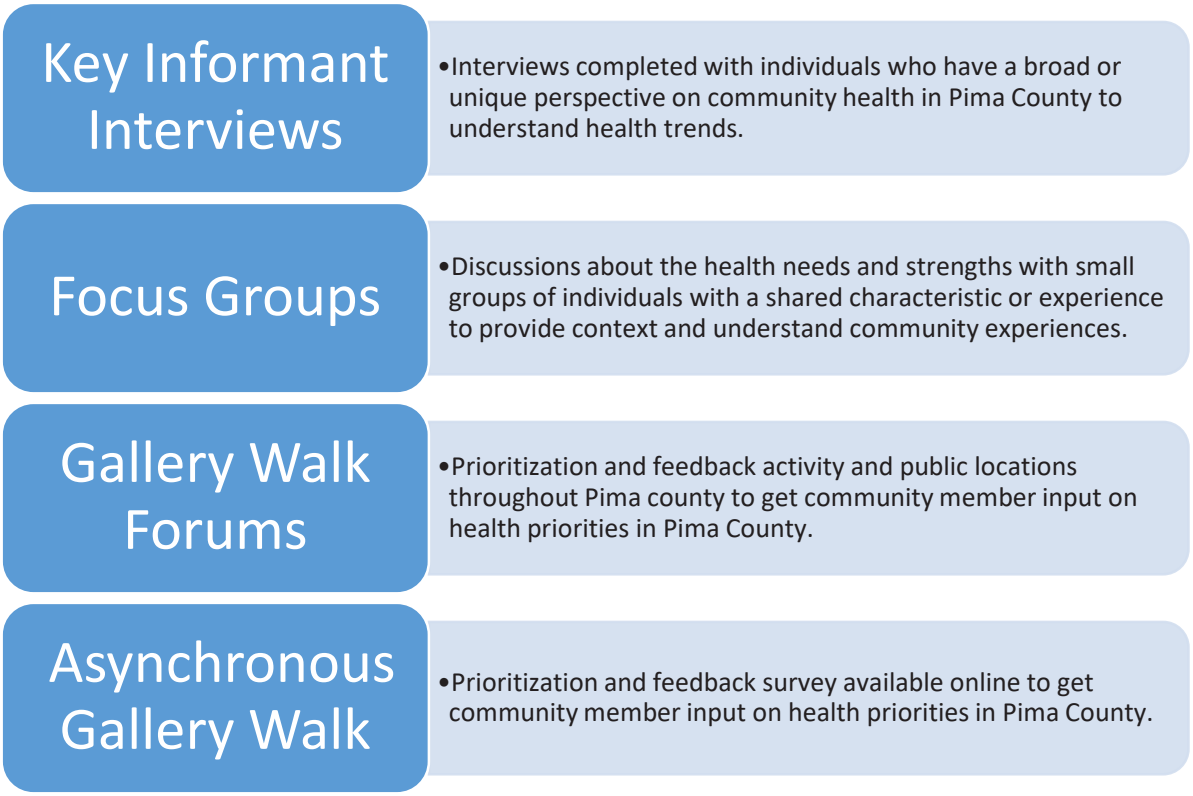


Figure 1 Primary Data Collection Activities Completed for the 2024 CHNA

In all, the assessment team engaged with:

- 41 key informant interview participants
- 71 focus group participants
- 98 community members participated a gallery walk community forum

2024 CHNA Steering Committee

The 2024 CHNA included the support of a steering committee that met monthly to review progress, provide guidance, and support data collection and analysis activities. The steering committee included partners from the health department, hospitals, clinics, nonprofit organizations and social service agencies. The steering committee provided direction and guidance regarding data sources and primary data priorities and supported recruitment and interpretation of data. The steering committee reviewed and provided feedback on all sections of this report.

Vision and Values

To begin the assessment process, the Steering Committee developed the vision for the CHNA and defined the values that would guide the work of the assessment. The vision and values guided the approach for all data collection, analysis, interpretation, and dissemination activities.

Vision:

The 2024 Pima CHNA Assessment Team and Steering Committee will strive to:

- Work in collaboration with each other and the communities we serve
- Collect data that is inclusive of the diverse perspectives and communities in Pima County
- Explore root causes of health issues that are important to the community
- Create an accessible and actionable report that will provide insight into the most important health issues and drive public health planning

Values:

- Transparency
- Inclusion
- Representation
- Efficiency
- Adaptability

Additional topics

The Steering Committee and Pima County Health Department leadership identified several topics as important areas for exploration in the Pima CHNA based on their prominence in Pima County. These are topics that may have limited secondary data available and include communities whose voices have not been included in previous assessments. The assessment team incorporated these priorities into data collection instruments and recruitment strategies to ensure these perspectives are included. The additional topics include:

- Climate change/environmental justice
- Reproductive health care access
- People experiencing homelessness/unsheltered populations

Steering Committee Members

Leading Organizations

Banner Health

- Merry Manson, MBA, MPH, Senior Program Director, Strategy & Planning
- David Bruzzese, MBA, Sr. Regional Marketing & PR Director

Pima County Health Department

- Dr. Theresa Cullen, Director
- Kim Van Pelt, Deputy Director
- Caroline Lewis, Community Engagement Program Manager
- Marcelino Flores, Tribal Liaison

TMC Health

- Julia Strange, Vice President, External Affairs and Brand
- Mary Mellady, MHA, RDN, Director of Connected Health & Wellness

Contributing Organizations

Carondelet (St. Joe's)

- Lalita Kapuscinski, Carondelet Health Network Chief Strategy Officer

Carondelet Health Network (St. Mary's)

- Kyle Brito, Strategy Director

City of Tucson Community Safety, Health & Wellness

- Lee Hopkins, Resource Manager

CODAC Health, Recovery and Wellness, Inc

- Kristine Welter-Hall, Chief Operating Officer

Community Food Bank of Southern Arizona

- Malea Chavez, Chief Executive Officer

El Rio Health

- Erin L. Dougherty, PhD, MPH, Research & Grants Manager

Desert Senita

- Matthew Wade, MBA, Director of Quality and Process Improvement

Pascua Yaqui Tribe Health Services Division

- Shannon Whitewater, Epidemiologist

Pima Council on Aging

- W. Mark Clark, MSW, ACSW

Tohono O'odham Nation Health Care

- Dr. William Mills, Chief Medical Officer

Southern Arizona Veteran's Affairs Health Care System

- Jennifer Wasielewski, RN, BSN, MBA, Assistant Director
- Josh Wise, Strategic Planner

Tucson Indian Center

- Christie Kelly

Youth on their Own

- Ana Lucero, Associate Program Director

Assessment Team

The 2024 Pima CHNA assessment team works with the Participatory Evaluation Institute (PEI), part of the Center for Participatory Prevention, Evaluation and Action Research (PEAR) at the University of Arizona. The assessment team included:

- Kathryn Ortiz y Pino, MPH, Program Director
- Georgia Weiss-Elliott, MA, Participatory Evaluation Specialist
- Rachel Wesenberg, MPH, Graduate Research Assistant
- Maya Collier, Graduate Research Assistant
- Victoria Fabela, undergraduate intern

Acknowledgments

The Community Health Needs Assessment would not have been possible without the support of the community and the many individuals and organizations beyond the Steering Committee who supported data collection, facilitation and other activities. We would like to acknowledge the work and support of the following individuals:

Secondary Data Collection, Analysis and Interpretation:

- Erin Dougherty, PhD, MPH, El Rio Community Health Center
- Haley Oura, Social Epidemiologist, Pima County Health Department
- Juliana Shepherd Davis, MPH, Refugee Health Manager, Refugee Resettlement Program, Division of Aging and Adult Services, Arizona Department of Economic Security
- Matthew Roach, MPH, Vital Statistics Manager, Arizona Department of Health Services
- Natasha Tully, MPH, Forensic Epidemiologist, Pima County Medical Examiner's Office

Focus Group Organization and Support:

- Algurie Wilson, African American Coalition for Health and Wellness
- Andi Medrano, University of Arizona College of Public Health
- Claudette Pippin, United Community Health Center
- Cytlalli Gonzalez, Pima County Health Department
- Denisse Hernandez de Ortiz, United Way of Tucson and Southern Arizona
- Edilia Quiroz, United Community Health center
- Fiona VanHaren, volunteer
- Laura Vitkus, Pima County Health Department
- Lee Hopkins, City of Tucson
- Lisa Floran, United Way of Tucson and Southern Arizona
- Lorena Verdugo, CHW
- Olivia McEvoy, undergraduate intern at Tucson Medical Center
- Oscar Medina, City of Tucson
- Selena Llamas, Pima County Health Department
- Susan Mulligan, Tucson Indian Center
- Veronica Boone, Tucson Indian Center

Gallery Walk Organization and Support

- Cholpon Rosengren, United Way of Tucson and Southern Arizona
- Danitza Molina, University of Arizona graduate student
- Erin Dougherty, El Rio Community Health Center
- Jennifer Biggs, El Rio Community Health Center
- Laura Vitkus, Pima County Health Department
- Olivia McEvoy, undergraduate intern with Tucson Medical Center
- RueShunda Jim, University of Arizona student

How to Read This Report

Report Layout

This report is comprised of distinct sections that contribute to the planning and development of priorities for health improvement in Pima County. The sections are summarized below:

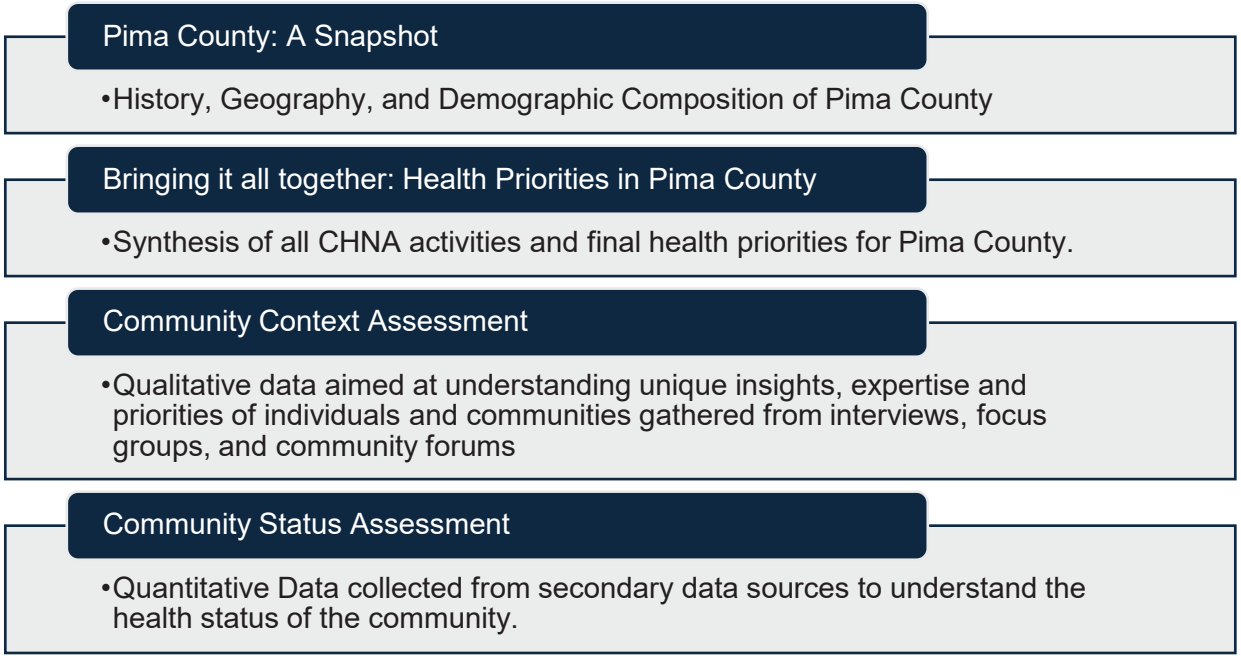


Figure 2. Pima Community Health Assessment Report Components

Primary Care Areas (PCAs)

When possible, indicators are analyzed and compared at the sub-county level through Primary Care Area Statistical Profiles (PCAs). A Primary Care Area is a geographic area in which most residents seek primary health services from the same place(s). PCAs are based on census data and reflect areas with similar populations and demographics, allowing for statistical analyses and comparison across areas. Examining indicators at a sub-county level can help demonstrate disparities in health status and outcomes and support community health planning efforts to determine where interventions may have the most impact.

While there are twenty-three PCAs in Pima County, data for only twenty PCAs will be displayed in this report. Data for the Pasqua Yaqui, Tohono O'odham and the San Xavier PCAs are omitted in accordance with tribal data sovereignty best practices (see Representation of Native American, American Indian and Alaskan Native Communities section below).

Additionally, the Arizona Department of Health Services (ADHS) is phasing out the use of PCAs in 2024 and calculating new areas (Community Statistical Areas or CSAs) around similar priorities. Due to the timeline of this assessment, CSAs are not used in this report but will be available for the 2027 CHNA. The data represented in PCA boundaries is the most recent data available from the ACS 5-year estimates (2018-2022).

Social Determinants of Health

As defined by the U.S. Department of Health and Human Services, social determinants of health (SDOH) are "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."[1] The SDOH as defined in this report consists of five domains: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.

Representation of Native American, American Indian and Alaskan Native Communities in this report

With careful consideration to the limitations of publicly available data and the work of Native Nations in performing their own community health assessments, this report does not include Native American/American Indian data from Tribal Primary Care Areas (PCAs). Three Primary Care Areas, which coincide with Tribal lands, have been removed from this report in an effort to support **Indigenous Data Sovereigntyas** outlined by the CARE Principles (Collective Benefit, Authority to control, Responsibility, and Ethics), and to address issues related to sample size which cause over- or underrepresentation in publicly available data sets (like Census data).[2] While this report stands to represent Pima County as a whole, we recognize, in this iteration, the report cannot do justice in describing the unique historical, structural, and cultural contexts of Tribal Areas, nor the health status of individuals living on Tribal lands. Data regarding Native American, American Indian and Alaskan Native populations are represented on a county-wide scale when provided by publicly available datasets or from self-identifying individuals who participated in primary data collection activities (such as focus groups and the 2024 Pima County CHNA Survey). To learn more about the CARE principles please visit The Global Indigenous Data Alliance.

Language

The terms used to describe individual and group characteristics with regards to race and ethnicity come directly from the cited data sources and therefore may differ throughout this report. In narrative sections, the term "Native American" is used to refer to the American Indian/Alaska Native population in general. Similarly, the term "Hispanic" is often accompanied by "Latino" in an attempt to recognize the diversity within the category, including those who identify as *indigena* (indigenous). Additionally, gender may be conflated with sex by some sources and call out boxes have been included where source language may limit understanding of the data.[3] Finally, throughout the report, the term "residents" is used to denote all people living in Pima County regardless of legal status.

When reading this report, it is important to consider the effects of systemic discrimination and structural inequalities on socioeconomic disparities and health outcomes. Data in this report is often presented in sequence, highlighting disparities without important context (historical, locational, etc.). This framing is not meant to insinuate or place blame on populations or communities. Additionally, the narratives and qualitative data within the Community Context Assessment provide important context for the rest of this report. For more information on data sources and limitations, see the Community Status Assessment.

References

Where appropriate, we have cited data sources using a superscript ([1] for example) linked to the references section at the end of this report. The reader can use the superscript number to find the data source(s) for each statistic. Unless otherwise noted, a superscript at the end of a paragraph means that all the data sources from that paragraph came from that source.

Pima County: A Snapshot

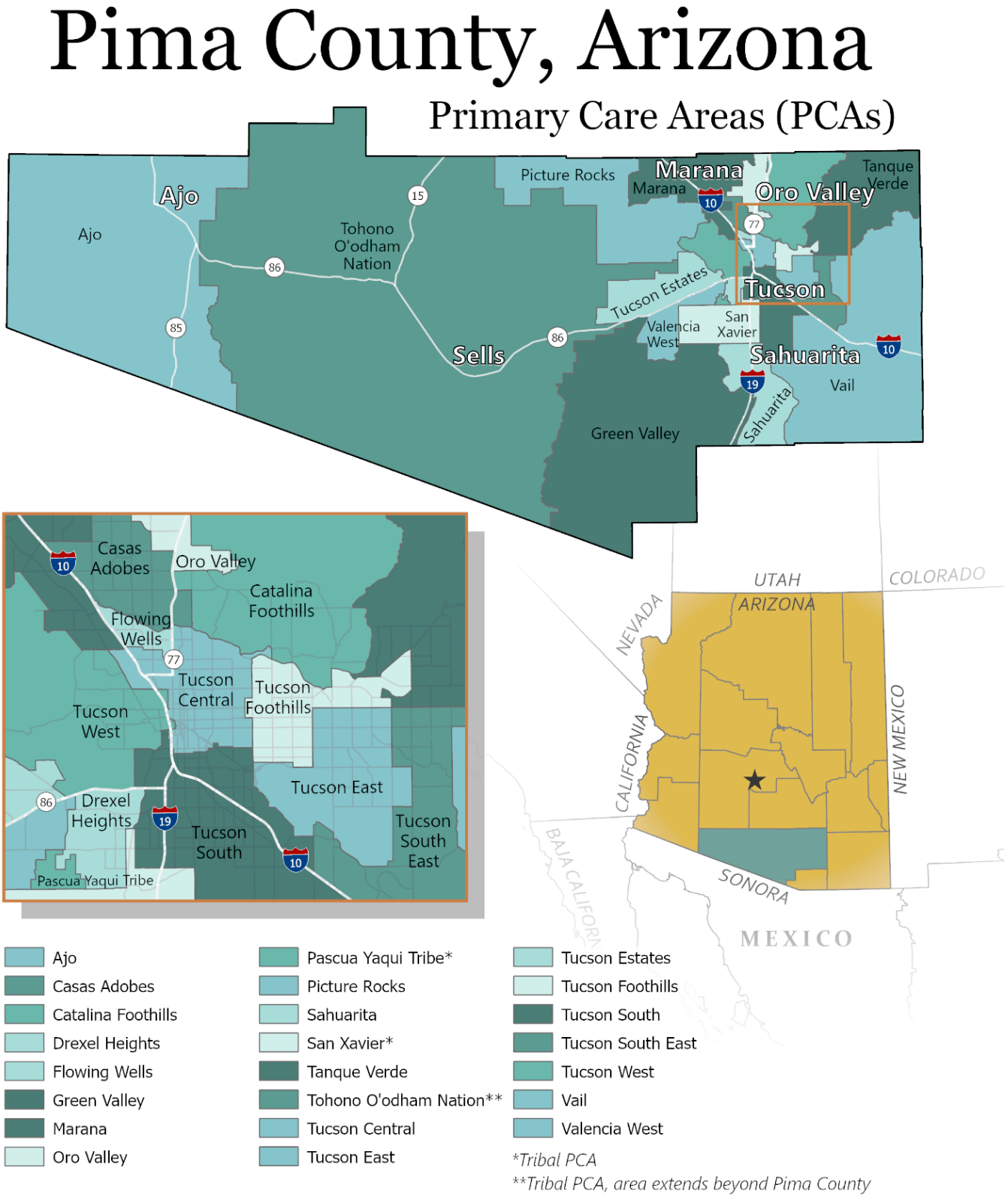


Figure 3 Locator Map of Pima County and the 23 Primary Care Areas (PCAs)

History and Geographical Region

Pima County is one of the southernmost counties in Arizona and is roughly the same size as the state of New Hampshire. As part of the northern range of the Sonora Desert, it comprises mountain ranges, river valleys and cactus forests. Pima County has a complex geopolitical environment, as it shares 130 miles of international border with Mexico.[4]

This region has been continuously inhabited by Native American people for more than 10,000 years and continues to be home to two sovereign Tribal Nations: the Tohono O'odham Nation and the Pascua Yaqui Tribe. The Tohono O'odham (TO) Nation is the second largest reservation in Arizona, both in terms of population and land mass. The TO Nation encompasses over 4,400 square miles of land and has approximately 28,000 members.[5] According to the Inter-Tribal Council of Arizona, the Pascua Yaqui Tribe has five communities: New Pascua is the Reservation just southwest of Tucson, Old Pascua is in the City of Tucson, Barrio Libre is in the City of South Tucson, Marana is northwest of Tucson, and Guadalupe is a southeast suburb of Phoenix.[6] Southern Arizona has experienced various periods of colonization beginning with the Spanish colonization in the 17th century and again in 1853 when the United States purchased the land under the Gadsden Purchase.

As the second most populated county in Arizona after Maricopa County (which contains Phoenix, the State Capital), Pima County covers an area of 9,189 square miles and is comprised of five incorporated jurisdictions (the City of South Tucson, the City of Tucson, and the towns of Marana, Oro Valley and Sahuarita), two Tribal Nations, and one large unincorporated area.

Pima County is governed by a Board of Supervisors (BOS) representing five districts across the County who are elected to four-year terms. The BOS is responsible for developing local public policy for the county as well as the county budget. The BOS provides direction to County Administration as they work to ensure safe communities, nurture economic development, sustainably manage natural resources and protect the public's health.

Similarly, the City of Tucson, the second largest city in the state, is governed by a mayor and council that sets local city policy and budgets. Council members represent six wards within the city's jurisdiction and carry out a four-year term in office. The City of South Tucson (COST) is a small jurisdiction of 1.2 square miles surrounded by the City of Tucson. The Town of Marana, located northwest of Tucson; the Town of Oro Valley, located north of Tucson; and the Town of Sahuarita, located south of Tucson, are each governed by a mayor and council. Other unincorporated areas of Pima County comprise several small towns including Green Valley, Casa Adobes, and Ajo.[7]

Demographic Characteristics

Population

According to the 2022 American Community Survey (ACS) 5-year estimates, the Pima County population was recorded at 1,019,461 reflecting a population increase of 8.1% since 2010. Located primarily in the eastern part of Pima County, the most populated areas include the City of Tucson

and the towns of Marana, Oro Valley, and Sahuarita. The City of Tucson is the largest city in Pima County as well as the County seat and is the second largest city in the state with 541,033 residents. Marana has 52,542, Oro Valley has 47,053, and Sahuarita has 34,238 residents.[8]

Primary Care Areas

Pima County has 20 Primary Care Areas (PCAs) represented in this report. Tucson South and Tucson Central PCAs have the largest population, together accounting for nearly 30% of Pima County's total population as shown in *Table 1*. For more information on Tribal PCAs, see the How to Read This Report section.

Primary Care Areas: Demographic, Insurance and Language Information						
PCA Name	Rural Code Designation	Total population*	% of Pima County population	% Population over 65	% Medically uninsured	% People age 5+ speaking a language other than English at home
Ajo	Rural	3,104	0.3%	37.5%	11.2%	21.0%
Casas Adobes	Urban	71,304	7.0%	21.9%	7.6%	16.4%
Catalina Foothills	Urban	60,567	5.9%	32.2%	3.9%	16.1%
Drexel Heights	Urban	29,121	2.9%	15.2%	11.3%	55.3%
Flowing Wells	Urban	18,178	1.8%	18.5%	17.7%	29.7%
Green Valley	Rural	25,316	2.5%	74.7%	2.3%	10.9%
Marana	Urban	70,565	6.9%	20.6%	4.6%	14.5%
Oro Valley	Urban	49,190	4.8%	35.5%	3.2%	14.0%
Picture Rocks	Urban	9,622	0.9%	24.8%	9.1%	19.4%
Sahuarita	Rural	33,973	3.3%	21.7%	5.2%	24.0%
Tanque Verde	Urban	16,601	1.6%	29.7%	3.7%	5.9%
Tucson Central	Urban	127,211	12.5%	12.9%	13.0%	28.3%
Tucson East	Urban	94,144	9.2%	19.3%	8.3%	16.6%
Tucson Estates	Urban	14,464	1.4%	34.0%	6.8%	24.7%
Tucson Foothills	Urban	94,706	9.3%	19.6%	9.2%	21.3%
Tucson South	Urban	170,161	16.7%	11.9%	16.8%	56.0%
Tucson South East	Urban	59,111	5.8%	15.5%	2.7%	15.9%
Tucson West	Urban	39,097	3.8%	20.3%	9.3%	35.6%
Vail	Urban	22,585	2.2%	17.5%	5.9%	10.1%
Valencia West	Urban	21,227	2.1%	14.1%	5.4%	35.8%
Pima County	N/A	1,019,461	N/A	20.4%	9.1%	27.0%
Arizona	N/A	7,060,320	N/A	18.1%	10.8%	26.4%
US	N/A	326,147,510	N/A	16.5%	8.7%	21.7%
*Civilian noninstitutionalized population						

Table 1 Primary Care Areas: Demographic, Insurance and Language Information[8]

Population Density

The overall population density in Pima County is 114 people per square mile; however, there are great variations in density between urban and rural areas. In urban areas, the population density is as high as 2,450 people per square mile, while the population density in rural areas is as low as 10 people per square mile.[9] There is a concentration of population in the east of Pima County where Tucson and other urban areas are located, as shown in *Figure 4*.

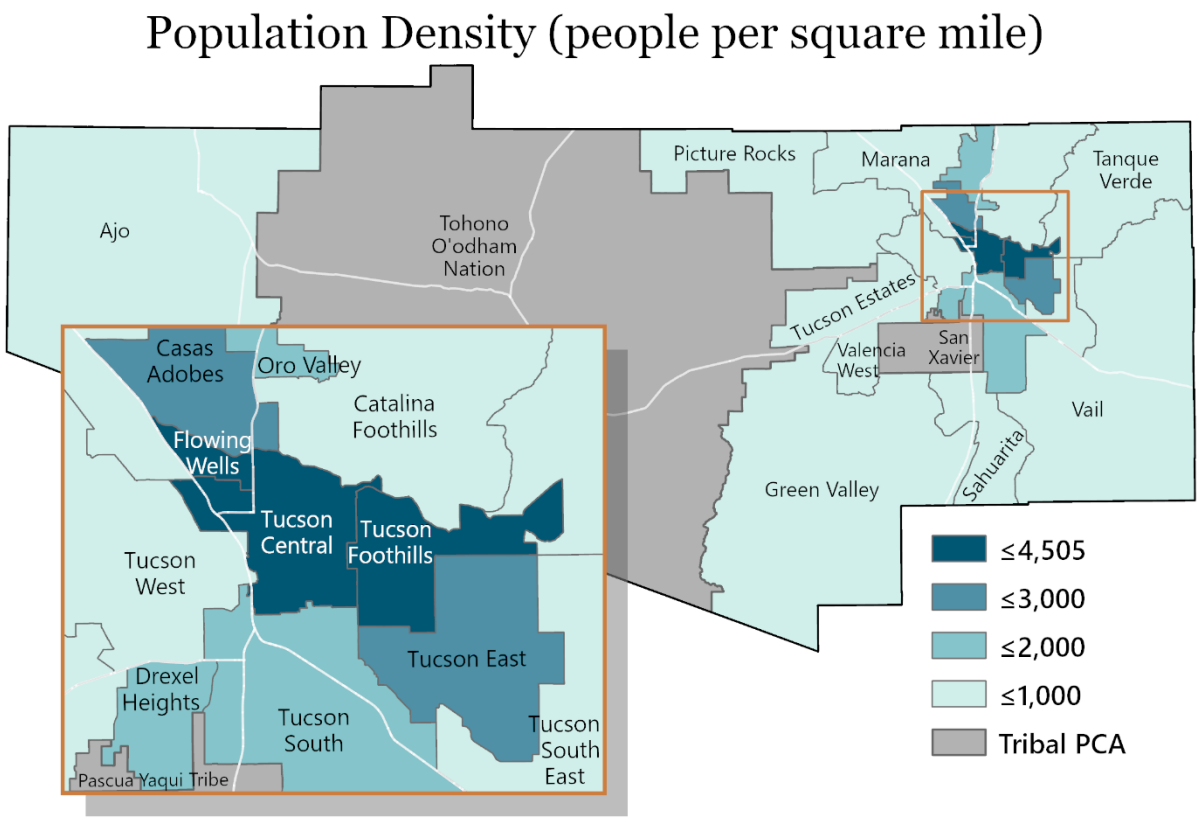


Figure 4 Map of Population Density (people per square mile). ACS 5-year estimates (2018-2022)[8]

Rural Population

Four of the twenty-three original PCAs in Pima County PCAs are designated as "Rural" while nineteen are designated as "Urban."[10] In counties with a population above 400,000, rural designation is given to areas with less than 50,000 people.[11] According to the 2020 census, nine in ten (91.2%) people living in Pima County resided in urban areas, while 8.8% lived in areas designated as rural.[9, 12]

Why it matters:

Rural populations are at higher risk for poor health outcomes compared to people living in urban areas for several reasons. In rural areas, there are often fewer health providers, including primary care, mental health care, and specialists. Rural populations often face higher rates of poverty, lower health insurance coverage, limited economic and educational opportunities, and limited transportation options. These social and geographical limitations result in worse health outcomes for people living in rural communities. The prevalence of chronic disease risk factors such as obesity, cigarette smoking, and high blood pressure is higher among rural populations. Compared to urban zones, people in rural areas have a higher overall disease burden and mortality and have been more impacted by suicide deaths and unintentional injury deaths from opioid overdoses and motor vehicle crashes.[13, 14]

Age and Sex Distribution

Pima County has a median age of 39.0, a slightly older population compared to the State's median age of 38.4. Among Pima County residents, 49.5% are male while 50.5% are female. ***FIGURE 5*** shows the distribution of Pima County residents by age and sex. The largest percentage of Pima County residents are aged 29 or younger (39%), followed by those who are aged 30-59 (34%). 27% of residents are aged 60 and above, compared to 24% in Arizona, and 23% in the US.[8]

Ten out of the twenty PCAs have a higher percentage of residents ages 65 years and older compared to the county (20.4%), state (18.1%), and US (16.5%) as shown in *Table 1*.[8] *Figure 6* shows the percentage of population age 65 years and older is highest within the Green Valley PCA. Green Valley, an unincorporated community and census-designated place located within the PCA of the same name, is known for its large, age-restricted, retirement communities.

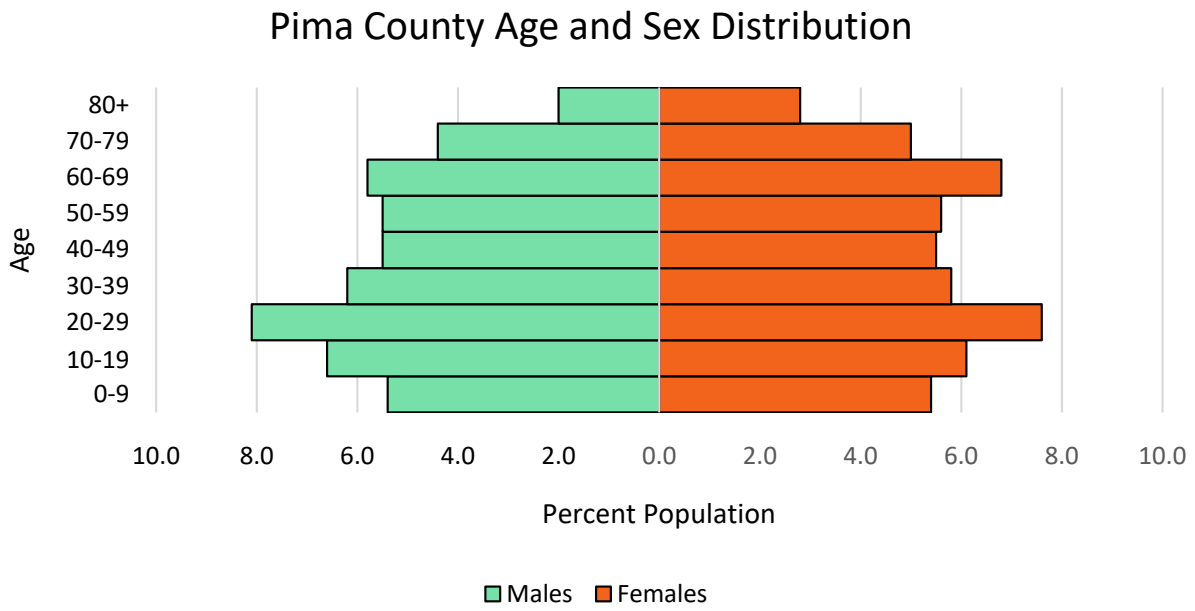


Figure 5 Pima County Age and Sex Distribution (2022)[8]

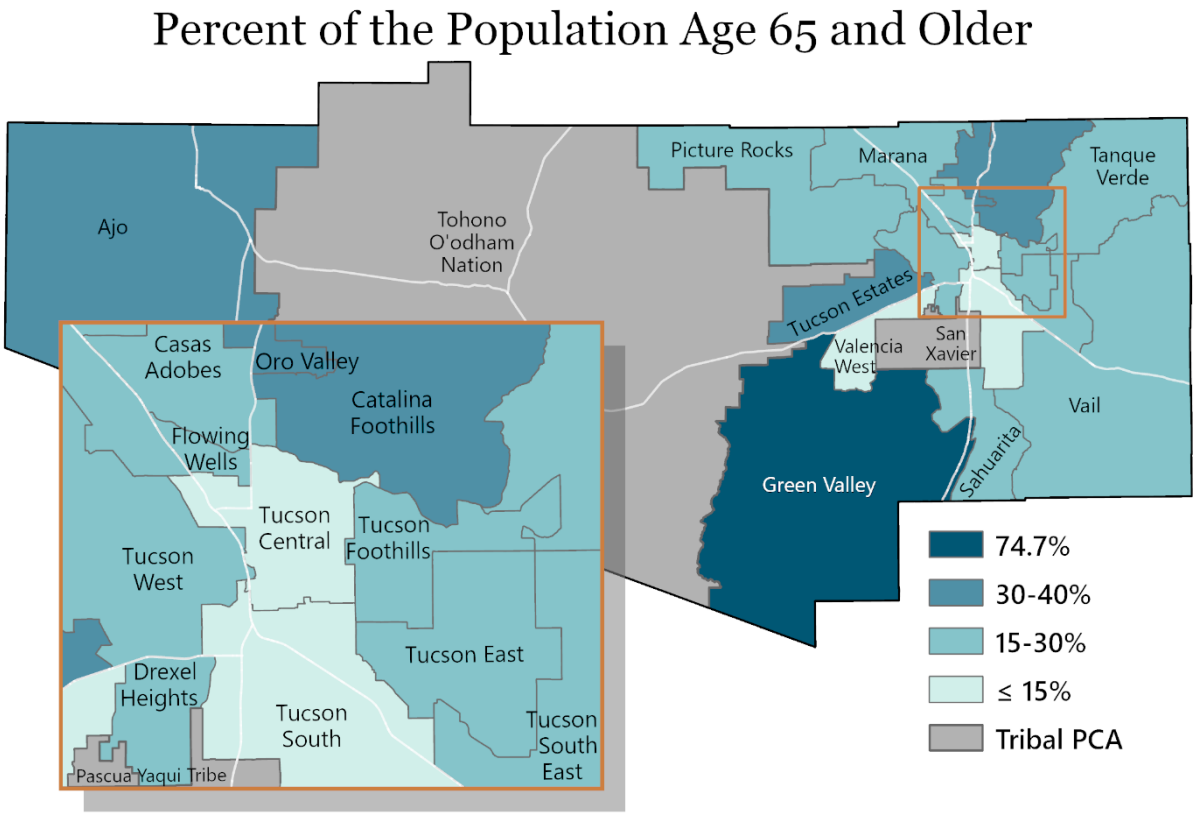


Figure 6 Map of Percent of the Population Age 65 and Older. ACS 5-year estimates (2018-2022)[8]

Race and Ethnicity

Half (50.1%) of Pima County residents identify as non-Hispanic White and nearly two in five (38.1%) residents identify as Hispanic or Latino. One third (33.7%) of Hispanic or Latino residents identify as coming from Mexican descent. As shown in *Table 2*, Individuals identifying as American Indian and Alaska Native represent 6.0%, Black or African American represent 5.3%, Asian represent 4.5%, Native Hawaiian and Other Pacific Islander 0.3%, two or more races represent 14.2% and some other race represent 19.8 % of the Pima County population.[8]

Pima County Population by Race and Ethnicity (2022)[8]		
Race/Ethnicity	**Number of Residents**	**Percent Population**
Non-Hispanic White (alone)	521,766	50.1%
Hispanic or Latino (of any race)	397,081	38.1%
Two or More Races*	147,895	14.2%
American Indian and Alaska Native*	62,727	6.0%
Black or African American*	55,640	5.3%
Asian*	46,919	4.5%
Some Other Race*	206,865	19.8%
Native Hawaiian and Other Pacific Islander*	3,641	0.3%
*Race alone or in combination with one or more other races		

Table 2 Pima County Population by Race and Ethnicity (2022)[8]

Data limitation: Due to the small numbers of Pima County Residents who identify as Native Hawaiian and Other Pacific Islander, data throughout the report describing these individuals are likely to have higher margins of error (are likely to be less accurate) than data describing individuals who identify with other races and ethnicities. For more on what this means, see the introduction to the Community Status Assessment section.

Why Race and Ethnicity Matter:

Due to systemic and societal inequality, people from historically marginalized racial and ethnic backgrounds are more likely to face barriers to accessing health care and other social services and often face increased health and financial burdens from climate and environmental issues. Populations identifying as Hispanic or Latino, Black and Native American are at higher risk of stress and major and chronic health issues. People from historically marginalized racial and ethnic backgrounds are more likely to live in areas where historic disinvestment or discriminatory policies from governments have led to disparities in education, housing, the built environment and income and wealth gaps, which pose additional barriers to health and health care access. Additionally, cultural differences between patients and providers, language barriers, racial biases in treatment and historical trauma have led to a mistrust in health care systems and providers.[15]

For more information about terms used to describe race and ethnicity in this report, see the How to Read This Report section.

Medically Insured

Pima County (9.1%) has a lower percentage of uninsured residents than the state (10.8%) but higher than the US (8.7%). There are five PCAs (Ajo, Drexel Heights, Flowing Wells, Tucson Central, and Tucson South), which have higher percentages of uninsured residents than Pima County. PCAs in the northeast and southeast of the county tend to have the lowest percentages of uninsured residents as shown in *Figure 7*.

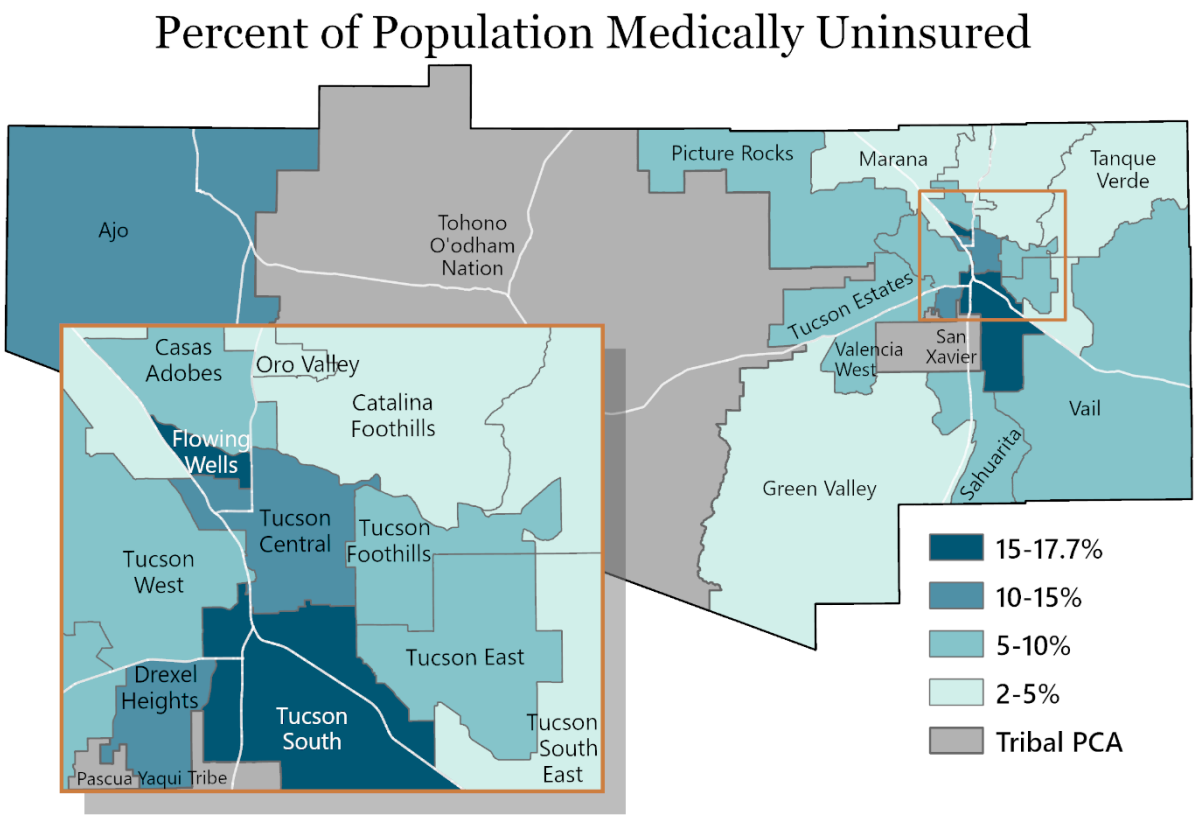


Figure 7 Map of Percent of Population Medically Uninsured. ACS 5-year estimates (2018-2022)[8]

Language

Among the Pima County population aged five and older, 92.6% speak English only or speak the language "very well" while 7.4% of residents speak English at a level less than "very well." Additionally, more than one in four Pima County residents (27.0%) speak a language other than English at home, the majority (82.7%) speaking Spanish.[8] There are six PCAs with higher percentages of residents speaking a language other than English at home compared to the county percentage, with Tucson South (56.0%) and Drexel Heights (55.3%) having the highest percentage (as shown above in *Table 1*).[8]

Educational Attainment

According to the 2022 ACS 5-year census estimates, nearly nine out of ten Pima County adults (89.5%) aged 25 and older have a high school degree or higher, similar to the statewide proportion of 88.7%. Over a third (35.0%) of Pima County adults have a bachelor's degree or higher, greater than the proportion of adults statewide (31.8%).[8] As shown in *Table 3* Educational attainment in Pima County by Race and Ethnicity (2018-2022),[8] non-Hispanic White populations exceed the County rate of those with a high school degree or higher, while Asian populations exceed the County rate for those who have a Bachelor's degree or higher

Educational Attainment in Pima County by Race and Ethnicity (2018-2022)[8]		
Race and Ethnicity	**Percent of Population Aged 25+ with a High School Degree or Higher**	**Percent of Population Aged 25+ with a Bachelor's Degree or Higher**
Asian	88.8	55.4
Black	87.2	26.7
Hispanic or Latino	78.2	19.2
American Indian/ Alaska Native	75.2	12.5
Native Hawaiian/ Other Pacific Islander	87.1	18.7
non-Hispanic White	96	43.7
Two or More Races	83.4	27.4
Some other race	74.6	15
Pima County Rate	89.5	35.0

Table 3 Educational Attainment in Pima County by Race and Ethnicity (2018-2022)[8]

Why Education Matters:

Education plays an important role in obtaining overall health. Because educational attainment is likely to impact a person's ability to find employment, this may affect where they live and their ability to afford and have access to health care. Education also impacts health literacy, a person's ability to obtain, process, and understand basic health information needed to make appropriate health decisions. Low health literacy is more prevalent among older adults, marginalized populations, those in low socioeconomic statuses, and medically under served people. Therefore, education is an important indicator of health outcomes in any community.[16] For more information on education and health, see the SDOH: Education Access and Quality section.

Poverty

The Federal Poverty Level (FPL) is a measurement of the minimum amount of annual income that is needed for individuals and families to pay for essentials, such as housing, food, clothes, and transportation. The FPL considers the number of people in a household, their income, and annual adjustments for inflation.[17] In Pima County in 2022, 14.9% of the population was living in poverty within the past year compared to 13.1% of Arizonans and 12.5% of people nationally.[8] Eleven out of the twenty PCAs have lower percentages of residents living below 200% FPL than the County as shown in *Table 4*.

Nearly one in eight households (12.2%) in Pima County receive Supplemental Nutrition Assistance Program (SNAP, previously known as the Food Stamp Program) benefits. Nearly one in three (30.34%) occupied housing units pay more than 30% of gross income on housing costs compared to 29.11% in Arizona and 31.86% in the US. As shown in *Table 3*, Tucson Central PCA has the highest percentage of units paying 30% or more on housing costs in addition to having the highest percentage of children under 18 in poverty.[8] For more information on SNAP and housing costs, see the SDOH Economic Stability section.

Why Poverty Matters:

Poverty is linked to negative health outcomes and is related to chronic and toxic stress.[18] Like educational attainment, poverty can affect where a person lives, access to healthy foods, and health care. A high poverty rate can be a cause and effect of economic conditions, lower quality schools and education, and decreased business survival.[19] For more information on poverty, income, and employment and how they relate to health, see the SDOH: Economic Stability section.

Primary Care Areas: Economic Information					
PCA Name	% Population with income below 200% FPL	% Households receiving SNAP	% Occupied Housing Units Paying 30% or More of Gross Monthly Income on Housing Costs	% Children under 18 in poverty**	% Children under 5 in poverty**
Ajo	40.9	15.71	23.2	16.4	24.4
Casas Adobes	22.6	7.10	28.7	8.5	10.4
Catalina Foothills	14.5	3.83	24.8	2.7	2.0
Drexel Heights	34.8	16.23	24.3	26.4	31.9
Flowing Wells	58.1	21.18	42.4	27.4	38.3
Green Valley	23.1	2.40	22.6	5.1	19.8
Marana	16.8	5.29	20.6	9.1	10.3
Oro Valley	13.1	3.01	21.3	11.2	14.7
Picture Rocks	38.6	13.56	19.1	13.7	33.1
Sahuarita	22.9	7.76	21.2	10.3	9.7
Tanque Verde	10.1	1.35	23.3	0.6	0.0
Tucson Central	53.9	17.64	44.0	31.0	34.3
Tucson East	35.1	10.90	34.7	18.5	20.5
Tucson Estates	27.8	7.30	20.9	11.2	14.3
Tucson Foothills	40.2	15.35	37.2	25.2	33.6
Tucson South	50.9	25.45	32.7	33.0	33.5
Tucson South East	15.1	4.54	21.1	6.6	7.1
Tucson West	35.5	11.15	29.4	18.6	16.6
Vail	15.8	3.71	21.2	5.4	12.2
Valencia West	31.1	15.29	22.7	16.9	18.4
Pima County	33.8	12.2	30.3	19.8	22.5
Arizona	30.8	10.1	29.1	17.9	19.3
US	28.8	11.5	31.9	16.70	18.1
*Gross household income **Below FPL					

Table 4 Primary Care Areas: Economic Information[8]

Persons with Disabilities

More than one in seven (15.0%) Pima County residents are living with a disability, compared to 13.4% in Arizona. Many of those living with disability are older adults: 23.8% of the population aged 65-74 years is living with a disability and 43.8% of the population aged 75 and over is living with a disability. *Table 5* provides an overview of the percent of Pima County Residents with various categories of disability.[8]

Disability type	% Population with the Disability Type
Hearing difficulty	4.4%
Vision difficulty	2.6%
Cognitive difficulty	6.2%
Ambulatory difficulty	7.6%
Self-care difficulty	2.6%
Independent living difficulty	6.4%

Table 5 Percent of Population with a Disability by Type of Disability [8]

Veterans

Nearly one in ten (9.7%) Pima County residents over the age of 18 is a veteran. Most veterans (88.5%) identify as male, and three quarters of veterans (75.5%) participate in the labor force. Veterans have a lower unemployment rate (3.0%) compared to the general population (5.8%) in Pima County. Almost one in thirteen veterans (7.3%) has an income below the poverty level in the past year compared to nearly one in seven (14.9%) Pima County adults. Nearly 1 in 3 (30.3%) veterans in Pima County are living with a disability, which is double the rate for the general County population (15.0%).[8]

Citizenship

Nearly one in eight (12.2%) Pima County residents were born outside of the U.S. Among those, half (52.9%) are naturalized citizens, as shown in *Table 6*. The foreign-born population is comprised of more females (54.9%) than males (45.1%) with a median age of 48.4, older than the median age of native-born residents (36.9).[8]

Citizenship Characteristics of Pima County Residents[8]		
	Number of residents	% Pima County population
US citizen, born in the US	914,959	89.75%
Foreign-born*	127,434	12.50%
US citizen by naturalization	67,448	6.62%
Not a US citizen	59,986	5.88%
*Includes citizens by naturalization and non-citizens		

Table 6 Citizenship Characteristics of Pima County Residents [8]

Since 2021, just over four-thousand people with refugee status have been resettled in Pima County, 18% of all people resettled in Arizona. More than a quarter (26%) came from Afghanistan and the Democratic Republic of Congo (25%). 11% came from Syria, 6% from Cuba, and 4% from Somalia. For all four years, 53% were male and 80% came as part of a family. Two out of five (41%) were under the age of 18, two out of five were between the ages of 18 and 39 (42%) with nearly one in five (17%) ages 40 and older. Only 1% were above the age of 65. *Table 7* shows the total number of people resettled in Pima County by fiscal year compared to the total population resettled in Arizona.[20]

According to the Migration Policy Institute (MPI), which applies a methodology to U.S. Census data to estimate the number of unauthorized immigrants, there are an estimated 33,000 individuals who are undocumented living in Pima County as of 2019. The report estimates that 29,000 are from Mexico and Central America, the majority (48%) having lived in the US for 10 years or more. An estimated 1,000 are under the age of 15. The MPI estimation includes migrants who entered the country without proper authorization, those who entered the US on a valid visa but who overstayed or otherwise invalidated them, and those with a temporary status (e.g., DACA, Temporary Protected Status, asylum seekers).[21] According to U.S. Citizenship and Immigration Services, as of March 31st 2024, there were 1,470 active Deferred Action for Childhood Arrivals (DACA) program recipients in Tucson.[22]

Number and Percentage of People with Refugee Status Resettled in Pima County by Fiscal Year (2021-2024)[20]		
	Pima	% of Arizona Total
FY 2021	201	25%
FY 2022	1,003	16%
FY 2023	1,129	18%
FY 2024	1,718	19%
Four Year Total	**4,051**	**18%**

Table 7 Number and Percentage of People with Refugee Status Resettled in Pima County by Fiscal Year (2021-2024)[20]

Why legal protection, citizenship matter:

Legal status and citizenship provide individuals with greater access to jobs, housing, health insurance and health care. Undocumented individuals are more likely to face housing and job insecurities, fear incarceration and deportation, and experience higher rates of stress and mental health issues.[23]

Bringing it all together: Priorities for health in Pima County

This section presents the health priorities for Pima County based on the results from all data collection activities.

The top health priorities in Pima County include:

- Child and Adolescent Health
- Mental and Behavioral Health
- Substance Use Disorder

Some of the most important factors that influence these health priorities are access to care, including the availability of providers and appointments and the cost of care.

The social determinants of health that most influence health in Pima County include:

- Inflation and rising cost of living
- Lack of affordable housing
- Roadway safety

Child and Adolescent Health

Child and adolescent health was consistently mentioned in all data collection activities, and received the most votes in the gallery walk community forum prioritization activity. Six in ten youth in Pima County have experienced at least one Adverse Childhood Experience (ACE); conversely, six in ten youth have high protection against adverse behavioral and environmental factors. According to the Arizona Youth Survey (AYS), one in three (33%) eighth graders report being bullied or picked on in school, and nearly one in ten (9%) had seen someone shot, shot at or threatened with a gun in the past year. Use of all substances including alcohol, marijuana, cigarettes and e-cigarettes decreased from 2018-2022 among 8th, 10th and 12th graders who participated in the AYS survey.[24] Overall, there is a lack of surveillance data on child and adolescent health in Pima County, especially regarding health behaviors and outcomes as the AYS survey could not be implemented in schools due to state law and the data in the 2024 Pima County CHNA Survey did not specifically address child and adolescent health.

Primary data results emphasized both the physical and mental health of children as a priority for improving health and wellbeing in Pima County and found the following themes:

- Child and adolescent health is tied to funding, poverty and complex systems of education, social support and health care. Limited funding and programs for child and adolescent health, child and adolescent mental health and social emotional learning, particularly in schools, is a key challenge.

- Children and adolescents continue to experience challenges and delays due to social and systemic challenges that arose during the COVID-19 pandemic, including limited socialization, lack of access to health care and interruptions in social services. Physical and developmental delays were exacerbated during the pandemic, and require additional care or treatment. Additionally, adolescents face challenges with mental health tied to technology overuse, social media and social challenges partially exacerbated from isolation during the COVID-19 pandemic.
- Adolescents also seem to lack trust in the health care system and experience challenges related to health care access including: the effects of politicization on sexual and reproductive health care access, cost barriers, and receiving the support and trust to make healthy decisions from providers and the community.
- There is a need for services and interventions tailored to children and adolescents and their families. Improving child and adolescent health requires an approach that encompasses the whole family.
- Young people have demonstrated resilience and eagerness to get involved and become leaders in their community and in their futures.

Mental and Behavioral Health

Mental and behavioral health refers to emotional, psychological, and social well-being, and how an individual's thoughts, feelings and actions influence their overall well-being. Mental health was one of the priority areas in the 2021 Pima County CHNA, and many of the same challenges persist.[25] In 2022, nearly one quarter (24.1%) of Pima County adults reported that they had been diagnosed with depression.[26] In 2022, nearly one in five (19%) adults reported that they had experienced poor mental health for fourteen or more days in the past month.[27] One in four (25.1%) adults over 50 have a high loneliness risk score.[28] Most (65%) of the suicide deaths in 2023 were the result of the use of a firearm.[29] The suicide rate, however, has been trending downward in recent years, from 23.6 per 100,000 in 2019 to 19.4 per 100,000 in 2023. Exacerbating these challenges is the low ratio of mental health providers for residents in Pima County (1:440).[30] In the 2024 Pima County CHNA Survey, anxiety and depression were both in the top three health issues that have the most impact on health, and were included in the top five health issues for all subgroups that were analyzed. Nearly three in ten (30%) respondents reported that they were "sometimes" or "never" able to get mental health care when they needed it in the previous year. Almost half (49%) rated their access to quality mental health care as "fair" or "poor."[31]

Primary data results found the following themes related to mental and behavioral health:

- Mental health is connected to the other health priorities and the social determinants of health. The COVID-19 pandemic has exacerbated mental health challenges.
- While organizations in Pima County provide high quality and affordable mental and behavioral health options, there is a shortage of providers and appointments to meet the need, and care remains unaffordable for many.

- Awareness and acceptance of mental health challenges has increased in recent years, though stigma persists and remains a barrier to accessing care.
- Mental health and access to quality care has disproportionate impacts on a variety of communities in Pima County including: older adults, school-age children, young adults, and LGBTQ+ individuals.

Substance Use Disorder

Substance use disorder (SUD) is characterized by the compulsive use of a substance despite negative consequences. Substance use disorder was also one of the priority areas in the 2021 Pima County CHNA.[25] The overdose mortality rate in Pima County has been increasing steadily since 2018 and is higher than the state and national mortality rates. The share of deaths attributable to fentanyl has also increased sharply since 2018 as fentanyl has become the number one drug involved in overdose deaths, followed by methamphetamine. From 2021-2023, males accounted for almost three-quarters (72%) of overdose deaths while almost two-thirds (65%) of deaths occurred in people aged 30-59.[29, 32] Methamphetamine use can also contribute to mortality beyond overdose deaths; among the 51 pedestrian motor vehicle hit fatalities in 2022 that received a toxicology test, six in ten (59%) had a positive screening for methamphetamine.[33] In the 2024 Pima County CHNA Survey, more than a quarter (27%) of respondents rated their access to substance use treatment services as "fair" or "poor."[31]

Primary data results found the following themes related to substance use disorder:

- There is an intersection between substance use, mental health and homelessness in Pima County.
- Recovery from substance use disorder is challenged by unmet need for treatment programs, accessible and stable housing, job placement programs, dental treatment and wraparound social support services. There is a high need for these services and access to SUD treatment and recovery programs, particularly long term (over 120 days) services.
- Workforce shortages and burnout among direct service providers, including peer support specialists and therapists, limit access to care.
- Agencies and organizations in Pima County that provide SUD treatment and recovery services provide quality care and collaborate closely with other organizations to provide wrap-around services. There are many resources for housing, medication-assisted treatment and peer support; however, unmet needs remain high due to funding, workforce and programmatic challenges.
- Stigma remains a barrier that prevents people who use drugs from accessing care.

Priority Social Determinants of Health

Economic Stability

Economic stability is the top social determinant of health priority influencing health outcomes in Pima County. In recent years, Pima County has become increasingly unaffordable with a large disconnect between the living wage ($46.47 per hour for an adult with two children) and the minimum wage ($14.35 per hour).[34] One in seven people and one in five children in Pima County live in poverty. Nearly one in three (30.34%) households pay more than 30% of their gross income on housing costs, indicating high rates of cost-burdened housing.[8] In 2023, nearly a third (32.5%) of homes in the Tucson Metropolitan Area were unaffordable to a family earning the local median income of $86,000.[35] Additionally, the number of unsheltered individuals increased 60% from 2018-2023 according to the annual point in time count.[36] In the 2024 Pima County CHNA Survey, more than half (54%) of respondents rated access to affordable housing as “fair” or “poor."[31]

Economic stability challenges were emphasized across all primary data collection activities. A lack of economic stability makes it difficult for residents to improve their health and wellbeing. The rising cost of living, lack of affordable and stable housing and high rates of poverty make it difficult for residents to afford necessities such as food, medicine, and health care. Economic challenges also increase stress and can lead to negative mental and physical health outcomes.

Neighborhood and Built Environment

Another priority that emerged in the CHNA process was roadway safety. From 2014-2022, the number of pedestrians killed by motor vehicles increased by 243%, and the Tucson metro areas ranks third in the nation for pedestrian fatalities.[33, 37] According to data from the U.S. Department of Transportation, Pima County ranks in the top 50 counties in the country for roadway fatalities from 2017-2021.[38] “Feeling safe while driving” was in the top five social determinant of health needs in the 2024 Pima County CHNA Survey and consistently ranked as a top need across all subgroups.[31]

The issue of roadway safety was equally represented in the primary data results. A lack of roadway safety is a challenge in using active transportation options such as walking or cycling and creates barriers for use of recreational amenities such as parks and trails.

Community Context Assessment

Background

The Community Context Assessment (CCA) is an assessment process that seeks to include the perspectives, knowledge, and insights of individuals and communities about their health and well-being in Pima County. The CCA includes information from primary data collection activities that provide a comprehensive overview of community health and wellness as well as context for the secondary data presented in the Community Status Assessment (CSA).

This section describes the methods and summarizes participant demographics across all activities followed by a summary of the results. Results from the 2024 Pima County CHNA survey are followed by key informant interviews, focus groups and supplemental reports. The community health prioritization results from the gallery walk community forums follow the other results and provide insight into the community's priorities for health and well-being in the coming years.

Primary Data Collection Methods

Pima County residents engaged in multiple data collection activities that provide detailed context on strengths, challenges, and health priorities. The Pima County Health Department collected 2024 Pima County CHNA Survey responses from January-March 2024. The assessment team conducted interviews and focus groups from May 2024 to September 2024. The gallery walk community forums were held in October and November 2024 and enabled community members and service providers to reflect on assessment results and provide feedback on priorities.

Optional anonymous demographic surveys were promoted at every activity to help track and summarize who participated in the primary data collection process. Included were questions about race and ethnicity, gender identity, age, zip code, and languages spoken at home.

Primary data collection methods used and the number of participants include:

- Key Informant Interviews (n=41)
- Eight Focus Groups (n=71)
- Three In-person Gallery Walks (n= 60)
- Virtual Community Forum (n=38)
- 2024 Pima County CHNA Survey (n=4,036)

Key Informant Interviews

Key informant (KI) interviews were conducted with those who have a broad or unique perspective on health and well-being in Pima County. Interviews are an opportunity to understand key trends and perspectives of diverse communities. Key informants were important in helping understand the health status, concerns and assets of underrepresented groups. Forty-one providers, advocates, community members and community leaders throughout Pima County participated

representing 30 different organizations. Thirty of the key informant interviews were completed via Zoom, and eleven were completed in person. The KI interviews were offered in English and Spanish, and one person participated in Spanish. **Key informants:**

- Served communities in all geographic areas of Pima County, with most participants (n=38) serving individuals in the Tucson metropolitan areas, followed by South Pima (n=14), North Pima (n=11) and West Pima (n=11).
- Had a range of experience and expertise; most (n=28) had experience with health care access and quality, followed by social and community context (n=18) and economic stability and prosperity (n=14). They had the least experience in behavioral health/SUD treatment (n=2) and climate change (n=3).
- Most served the general population without a specific age range (n=21), while many specifically served older adults (n=12).
- Served a range of special populations, notably unsheltered or housing insecure individuals (n=11), Im/migrants and refugees (n=9) and the LGBTQ+ community (n=6).

More about the KI Interview participants is summarized in Appendix A and the Key Informant Interview Guide can be found in Appendix D.

Focus Groups

The purpose of the focus groups was to engage community members who share similar identities or occupations in discussions about the strengths, needs and priorities of the communities they serve or represent. The focus group guide (Appendix D) includes questions about health strengths and barriers, visions for a healthy community and ongoing or new efforts to build upon in the future. The focus groups, which took 60-90 minutes, were offered in-person and virtually, and in either Spanish or English. Five focus groups were conducted in-person across Pima County, and three focus groups were completed over Zoom. Two focus groups were completed in Spanish, and six were completed in English. Participants received a $30 gift card at the conclusion of the focus group as compensation for their time and participation. Participants were also asked to complete an optional and anonymous demographic form.

Seventy-one community members participated in the focus groups and 66 (93.0%) completed the optional demographic form. Nearly half of all participants identified as Hispanic/Latino (49.2%), and more than a quarter identify as White (28.6%). Participants ranged in age from 18-70 with the largest percentage aged 40-49 (26.6%). The majority (73.8%) identified their gender as “woman.” Almost a quarter (73.8%) of participants stated they speak English at home compared to 44.6% who selected Spanish. Most focus group participants lived in the Tucson metro area (61.9%).

Selection and recruitment of participants was guided by the Steering Committee and supported by existing community networks and affiliations. The aim was to hear from communities not yet represented in the KI interviews. Support staff (such as facilitators and note-takers) were trained by the assessment team.

Focus groups included:

- *Community Health Workers (CHW)/Promotores de la Salud* (n= 11, virtual): Promotores were recruited by a local CHW leader. CHWs serve as liaisons between community and health and social services. This was a virtual focus group over Zoom conducted in Spanish.
- *Early Childhood Educators* (n= 4, virtual): Educators were recruited in collaboration with United Way of Tucson and Southern Arizona. The early childhood educators provide childcare services from their home. This was a virtual focus group over Zoom conducted in Spanish.
- *African American Community* (n= 8, virtual): Participants were recruited in collaboration with the Coalition for African American Health and Wellness. This was a Zoom focus group conducted in English.
- *City of Tucson Leaders/Organizers/Ambassadors* (n= 10, in-person): Participants were recruited in collaboration with the City of Tucson Community Safety, Health, and Wellness. Participants are active community members from neighborhoods and public housing in Tucson. This was an in-person focus group conducted in English.
- *Tucson Indian Center Clients* (n= 11, in-person): Members of the Tucson Indian Center Walking Club engaged in the focus group at the conclusion of their walk. Participants were recruited in collaboration with the Tucson Indian Center Wellness Department. This was an in-person focus group conducted in English.
- *Rural Community Members* (n = 8, in-person): Community members of Amado were recruited in collaboration with the United Community Health Center at the Amado Youth Center. This was an in-person focus group conducted in English.
- *Eviction Prevention Case Managers* (n=5, in-person): Case Managers work to help families and individuals keep stable housing and prevent eviction. The participants were recruited in collaboration with United Way of Southern Arizona. This was an in-person focus group conducted in English.
- *Peer Support Specialists* (n = 14, in-person): Peer support specialists were from multiple substance use treatment/recovery organizations in Pima County. These specialists have lived experience of recovery, and work with individuals receiving treatment for substance use disorders. Participants were recruited in collaboration with CODAC. This was an in-person focus group conducted in English.

More about the Focus Group participants is summarized in Appendix A and the Focus Group Discussion Guide can be found in Appendix D.

Pima County CHNA Survey

Select responses from the 2024 Pima County CHNA Survey are included in this section because they provide insight into the health needs and priorities of specific communities. The Pima County Health Department collected 2024 Pima County CHNA Survey responses from January-March 2024, and 4,036 community members participated in the survey. The 2024 Pima County CHNA Survey included questions about priorities for getting care and priority health issues. The responses summarized in this section show the results disaggregated and reported by select demographic characteristics to give insight into the specific needs of priority communities,

including: Spanish-speaking survey respondents, non-white respondents, Native American/Native Nations respondents, and lesbian, gay, bisexual or questioning respondents. *Table 9* summarizes the priorities for these subgroups as well as the percentage of respondents in each category who prioritized the issue.

For more information on the 2024 Pima County CHNA survey, and additional data analyzed to support the primary data collection process, please see the Methodology section of the Community Status Assessment or the full survey results in Appendix C.

Supplemental Reports and Assessments

The Community Context Assessment includes information from several recent reports that provide insight into the health needs of priority communities and populations identified by the Steering Committee. Due to their recent publication, these communities were not recruited for focus group discussions. The communities and data sources include:

- Families with young children: Pima North Region Family Support Supplemental Report[39]
- Older adults: Pima Council on Aging Annual Report[40]
- Domestic violence survivors: Southwest Institute for Research on Women (SIROW) Pima County Domestic Violence Community Needs Assessment[41]
- Economic stability and prosperity: The Prosperity Initiative[42]
- Individuals experiencing homelessness: City of Tucson Needs Assessment of Adults Experiencing Homelessness[5].

Gallery Walk Community Forum

A Gallery Walk Community Forum is a participatory data collection method, which allows community members to engage with primary and secondary data collected in the CHNA process, to provide their input and perspectives on health topics and issues and vote in a prioritization activity on which issues they feel are most pressing to Pima County. In 2024, gallery walk community forums were held at three locations throughout Pima County, including a federally qualified community health center (El Rio on Cherrybell, Tucson), a public library (Sahuarita library) and a local government resource building (City of Tucson Sentinel Building) as well as virtually through an online survey platform. All gallery walk community forums were promoted widely in the weeks prior including on listservs and social media and bilingual options (English/Spanish) were available for all activities and events. The virtual gallery walk community forum could be accessed through a link and QR code and was open for 19 days while the in-person forums were implemented.

As a self-paced activity, the gallery walk community forum consisted of six stations corresponding to the most important health issues identified in primary and secondary data collection, and a final station where participants had the opportunity to vote on what they felt were the most important. Participants were encouraged to provide written or verbal feedback; all materials and personnel support were provided in both English and Spanish. Data was collected through the following components:

- Six stations corresponding with the five health priorities and the social determinants of health. Both in-person and virtual participants had the opportunity to write reflections and comments for each station. Staff members at in-person events took notes about conversations they had with participants regarding health topics and priorities.
- Voting activity: Both in-person and virtual participants were given five votes, which they could distribute between the top five priority health areas identified in previous data collection: child and adolescent health, chronic disease, healthy aging, mental health, and substance use disorder.
- The social determinants of health, which encompass broad and multifaceted topics that could not be distilled into a single topic for voting, were not part of the voting activity. Data on these topics were summarized and presented for feedback only.
- Demographic Form: Participants were invited to complete an optional demographic form to help the assessment team understand who was participating in the activity.

In all, 98 community members participated in the Gallery Walk activities. *Table 8* shows the number of participants by location. In total, 73 (74.5%) gallery walk community forum participants completed the optional demographic form. The largest demographic of participants identified as White (60.3%), followed by Hispanic/Latino (36.9%), between the ages of 25-34 (27.4%), living in the Tucson Metro (57.5%). The majority (72.6%) identified their gender as "woman," and 1 in 6 (16.4%) of all participants identified as LGBTQ+. Participants largely identified themselves as community members (54.8%), nonprofit/CBO representatives (16.4%), academics (12.3%), or health professionals (10.9%). A full demographic breakdown of the gallery walk community forum participants can be found in Appendix A.

Event Location	Number of Participants
El Rio Cherrybell Clinic	9
Sahuarita Library	27
City of Tucson Sentinel Building	24
Virtual gallery walk	38
Total	98

Table 8 Number of Gallery Walk Community Forum Participants, by Event

Limitations

Despite strong participation from community groups and diverse partners, primary data collection is limited by a small, non-representative sample of key informants, focus group participants and gallery walk community forum participants. The goal is not to generalize information, but to contextualize secondary health data based on community experiences and provide an opportunity for community members to provide input on health priorities in Pima County.

The assessment team, steering committee, and other partners worked together to include insight and experience of a variety of communities; however, there are some communities with limited representation in the qualitative primary data collection. These include: military/veterans, foster youth, justice-involved individuals, and businesses. A more complete overview of communities included in the primary data collection can be found in Appendix A.

Primary Data Results and Top Health Concerns

This section details and summarizes the top health concerns that were identified across all primary data collection activities and sources. The results of 2024 Pima County CHNA Survey are followed by the results from the key informant interviews, focus groups, and reports. The latter are summarized by major themes and include assets and challenges.

Qualitative data was summarized using a content analysis approach to identify and explore emergent themes. Quantitative data was summarized using descriptive statistics.

2024 Pima County CHNA Survey Results

The top five priorities for getting care remained relatively consistent across each subgroup, and indicate a need for lower cost, price transparency, broader access to appointments, and a desire to access multiple services in the same location. However, the Spanish-speaking, non-white, and lesbian, gay, bisexual and questioning communities prioritized issues relating to cost (lower out of pocket costs, clear prices for services) at a higher rate than the full sample. All the subgroups rated priorities for access to appointments (more appointments available, evening or weekend appointments) at a higher rate than the full survey sample. The lesbian, gay, bisexual or questioning respondents also prioritized health care providers who make me feel safe and respected, a topic that was not in the top priorities of any other group.

All the groups included items related to mental health (anxiety, depression) and chronic disease (diabetes, hypertension) in the top five health issues. It is notable that the lesbian, gay, bisexual or questioning respondents report being impacted by the top health issues at a higher percent than other groups; they were also the only group to prioritize 'other mental health issues' in their top five. The Spanish-speaking respondents were the only group to prioritize infectious diseases (COVID-19, flu, RSV) in their top five.

Although not included in *Table 9*, the Spanish-speaking and Native American subgroups noted a higher impact from long COVID (COVID-19 symptoms that last longer than four weeks). It was priority number seven for Spanish speakers, impacting 18% of respondents, and priority number six for Native American respondents, impacting 19% of respondents.[31]

2024 Pima County CHNA Survey respondents' priorities and top health issues by select demographic characteristics[31]		
Respondent Community	**Top Health Issues (%)**	**Priorities for Getting Care Needed (%)**
All survey respondents (n=4,036)	1. Anxiety (34%) 2. Chronic pain (32%) 3. Depression (28%) 4. High Blood Pressure/ hypertension (28%) 5. Diabetes (19%)	1. More appointments available (42%) 2. Lower out of pocket costs for services (38%) 3. Evening or weekend appointments (33%) 4. Being able to get multiple services at the same location (26%) 5. Services closer to where I live (24%) 6. Clear prices for services (24%)
Spanish-speaking survey respondents (n=450)	1. Anxiety (33%) 2. Depression (25%) 3. Diabetes (24%) 4. Chronic pain (24%) 5. Other infectious diseases (RSV, COVID-19, flu, common cold, etc.) (23%)	1. Lower out of pocket costs (61%) 2. More appointments available (48%) 3. Evening/weekend appointments (37%) 4. Providers/interpreters who speak my native language (32%) 5. Clear prices for services (31%)
Non-white respondents (n=1,683)	1. Anxiety (33%) 2. Chronic pain (26%) 3. Depression (25%) 4. High Blood Pressure/ hypertension (25%) 5. Diabetes (23%)	1. Lower out of pocket costs (44%) 2. More appointments available (40%) 3. Evening/weekend appointments (37%) 4. Clear prices for services (28%) 5. Being able to get multiple services at the same location (25%)
Native American/ Native Nation respondents (n=243)	1. Anxiety (37%) 2. Diabetes (33%) 3. Chronic pain (31%) 4. Depression (29%) 5. High Blood Pressure/ hypertension (28%)	1. More appointments available (42%) 2. Evening/weekend appointments (38%) 3. Lower out of pocket costs (31%) 4. Services closer to where I live (28%) 5. Clear prices for services (26%)
Lesbian, gay, bisexual or questioning respondents (n=63)	1. Anxiety (73%) 2. Diabetes (70%) 3. Chronic stress (50%) 4. Chronic pain (47%) 5. Depression (29%) 6. Other mental health issues (PTSD, schizophrenia, bipolar disorder, etc.) (45%)	1. Lower out of pocket costs (58%) 2. Evening/weekend appointments (55%) 3. More appointments available (53%) 4. Health care providers who make me feel safe and respected (52%) 5. Clear prices for services (50%)

Table 9 Pima CHNA Survey respondents' priorities and top health issues by select demographic characteristic [31]

The following sections outline the major themes that emerged from KI interviews, focus groups, supplemental reports, and the 2024 Pima County CHNA Survey results. Each priority health topic includes strengths and challenges and are supported by primary data participants. These results, combined with secondary data results in the Community Status Assessment, were the basis for the information provided in the gallery walk community forum and prioritization activity.

Child and Adolescent Health

Child and adolescent health includes a range of factors that impact the physical and mental health and overall well-being of children and adolescents under the age of 18. Primary data results emphasized both the physical and mental health of children as a priority for improving health and wellbeing in Pima County. Child and adolescent health is tied to funding decisions, poverty and complex systems of education, social support and health care. Limited funding for child and adolescent health, mental health and social emotional learning is a key challenge. Children and adolescents continue to experience challenges and delays due to challenges in accessing care during the COVID-19 pandemic. Young children experienced physical and developmental delays that were exacerbated during the pandemic, and which require ongoing and additional care or treatment. Additionally, adolescents face challenges with mental health tied to technology overuse, social media and social challenges partially stemming from isolation during the COVID-19 pandemic. Many adolescents also seem to lack trust in the health care system and experience challenges related to health care access including: the effects of politicization on funding, cost barriers, and receiving the support and trust to make healthy decisions from providers and the community. Families with young children need supports and services to lower the risk of adverse childhood experiences (ACEs), and evidence-based home visiting can help reduce the risk of ACEs.[39] A major health concern is protecting children who experience or witness domestic violence.[41] There is a need for services and interventions tailored to children and adolescents and their families. Improving child and adolescent health requires an approach that encompasses the whole family.

> ***"Regarding youth – mental health issues and not being able to find resources that are available financially, and finding a way to get to these services, but also fighting the stigma that surrounds mental health."***
>
> – AFRICAN AMERICAN FOCUS GROUP

Participants in the primary data collection activities noted the politicization of health care, particularly for youth that identify as LGBTQ+, and those concerned about access to reproductive care. Politicization of health care services prevents or hinders youth and adolescents from seeking or receiving high quality and evidence-based care.

> ***"A lot of young people are coming in from that perspective, getting newer IUDs even if theirs haven't expired, because they are worried they won't be able to in a few years. A lot of fear in their ability to know if they will be able to access reproductive health care."***
>
> – ADOLESCENT HEALTH KEY INFORMANT

> *Youth are very aware of political and social issues and state/national conversations regarding their rights. This impacts their health and well-being, especially mental health. Youth and their caregivers are afraid of what is out there. This bleeds into being afraid to access services."*
>
> – LGBTQ+ HEALTH KEY INFORMANT

Child and adolescent health is intricately connected to funding decisions, poverty, and the complex interweb of education, social support and health care systems that are meant to support families. Key informant and focus group participants noted the lack of funding for health, mental health and social emotional learning resources in schools means that many students cannot access these resources. Youth and children also experience high levels of food insecurity and poverty, which constrains their health and development.

> *If it's too cumbersome to get WIC or AHCCCS then it's a barrier to children accessing those services. Same with dental care. The cumbersome nature of the application and navigating all those. "*
>
> – EARLY CHILDHOOD EDUCATION KEY INFORMANT

The focus group participants echoed these challenges and elaborated on the developmental challenges they have noticed in the adolescents they work with or serve. They also discussed the challenges that young children are facing with development and physical delays that were exacerbated during the COVID-19 pandemic.

> *Many of the kids that were born in these two years needed more therapy to be able to talk and to move their bodies. It was hard."*
>
> – EARLY CHILDHOOD EDUCATORS FOCUS GROUP

> *We need to talk about kids with physical disabilities. The parents need to pay a lot of attention to make sure they know the signs of mental and physical delays."*
>
> – COMMUNITY HEALTH WORKER FOCUS GROUP

Several of the focus groups emphasized the need for services and interventions tailored for youth and families. They also discussed the need for intergenerational groups to support health and well-being for youth and older adults.

> *A healthy community is inclusive with access to health, both preventative and [to treat] illnesses...the more information you can give a parent, the more successful the program is."*
>
> – SCHOOL HEALTH KEY INFORMANT

> ***[We need] Programs and collaborations between the elders and the youth. Help the elders with the internet. Create a trusting relationship for the youth."***
>
> – TUCSON INDIAN CENTER FOCUS GROUP

Despite challenges, young people have also demonstrated resilience and an eagerness to get involved in their community.

> ***A lot of young people I work with navigated high school graduation during COVID. I imagine that had some impact on them…But I also saw COVID really motivated them to be more involved in the community. There's a lot more youth involved in decision making, which impacts their health and well-being as decision makers, and their motivation to be involved in the workforce."***
>
> – ADOLESCENT HEALTH KEY INFORMANT

Data limitation: data collection activities were limited to adults ages 18 and older. Only 7.81% (5) of participants in primary data collection activities stated they were between the ages of 18-29.

Chronic Disease

A chronic disease is a long-lasting medical condition that can endure for many months or even a lifetime. These diseases often require ongoing management and, while they may not have a complete cure, can often be controlled with proper treatment and lifestyle changes. Examples of chronic diseases include diabetes, heart disease, cancer and asthma. In line with the secondary data findings, primary data results show that chronic diseases such as cancer, high cholesterol, diabetes, heart disease, and high blood pressure impact residents of Pima County.

The need for more information and awareness regarding a healthy diet and programs to support a healthy lifestyle was a common thread in primary data collection. Chronic disease is a priority mentioned by older adults and individuals experiencing homelessness.[40, 43] Older individuals with chronic disease need accessible in-home care, health education, and medical attention to receive the necessary support to manage these conditions.[40] Among the population of individuals experiencing homelessness, chronic illnesses such as diabetes, hypertension, respiratory conditions (asthma and chronic obstructive pulmonary disease (COPD), and musculoskeletal disorders are prevalent.[43] Both populations face barriers to accessing care, including transportation and costs, as well as the difficulties of managing complex conditions without stable or affordable housing.[43, 40] Chronic disease for unhoused populations intersects with substance use disorder and mental health.[43]

> *Elders and others are suffering with diabetes, heart disease, high blood pressure. We as African Americans are number one in everything that is bad."*
>
> – AFRICAN AMERICAN COMMUNITY FOCUS GROUP

Focus group participants emphasized the lack of focus on prevention in their community, leading to delays in going to the doctor. Lack of health insurance coverage and long wait times for primary care appointments delay timely care, which in turn leads to preventable consequences from chronic diseases. Additionally, there are myths related to the causes and treatments for chronic disease, which can also lead to delays in seeking care.

> *We don't have a culture of prevention in our community. We go to the doctor when we already have the illness."*
>
> – COMMUNITY HEALTH WORKER FOCUS GROUP

Chronic diseases also pose significant financial challenges due to the cost of managing complex conditions.

> *Poverty impacts people in ways that are exponential...there's a limit to what you can do with people to prevent chronic disease because they are so wrapped up in meeting those immediate needs. Poverty has immediate impacts but it is also so psychologically detrimental that it makes it difficult for people to break out of that cycle."*
>
> – HEALTH INSURANCE KEY INFORMANT

The lack of access to dental care and its relation to chronic conditions was also a theme in the primary data results. Challenges accessing dental care influence, and are influenced by, poor health outcomes related to diet, chronic disease, and mental health.

Healthy Aging

As we age, maintaining good health becomes increasingly important. Access to quality health care, regular check-ups, and preventive screenings are essential to identify and address potential health issues early on. Barriers like cost, transportation, and limited access to health care providers can hinder older adults from receiving the care they need. Additionally, promoting social engagement and mental well-being is crucial for a fulfilling and healthy aging experience.

Primary data results indicate that older adults face unique challenges when managing chronic diseases, finding appropriate and affordable medications, and having accessible community programming. Challenges include health care costs, the navigation of services, the need for support and advocacy, and the high cost of housing and financial strain impacting older adults' ability to maintain stable living conditions and a healthy lifestyle.[40] Also discussed in primary data collection activities was the need for more awareness of, and accessibility to, existing resources and education about health promotion and prevention for healthy aging. Participants described the assets of communal living and faith-based organizations, which provide social, emotional, and physical benefits for older adults, including emergency support and home-delivered meals

especially important for those living alone. As with other communities, rural communities face unique challenges when it comes to healthy aging.

> ***How can we advocate for seniors who can't pay for their medications? How can we check on our elderly people especially in the heat?"***
>
> – HEALTH INSURANCE KEY INFORMANT

Both key informants and focus group participants expressed the need for community support for older adults. They discussed the need for more information and awareness regarding healthy diet and programs to support a healthy lifestyle for older populations.

> ***You can't be 99 years or older anywhere without significant support. Whether that's your family and informal support systems or a paid caregiving system. That's why we support informal and paid caregivers."***
>
> – OLDER ADULT HEALTH KEY INFORMANT

> ***My church provides for our needs. Look out for seniors. Provide food and resources."***
>
> – AFRICAN AMERICAN FOCUS GROUP

Rural focus group participants mentioned a general lack of outreach and programs to improve information and awareness about health topics and that social isolation and loneliness also have significant negative impacts on older adults.

> ***[We need] access to general knowledge about good health. Youth center helps, but there are so many epidemic health issues...diabetes, heart issues, general nutrition, elder health, [and] isolation of the aging community who are physically disabled."***
>
> – RURAL COMMUNITY FOCUS GROUP

Participants in the Tucson Indian Center focus group discussed the need for free and low-cost programs to support health and social connection for elders. They emphasized the importance of programming and collaboration between elders and youth, and the importance of passing down cultural practices and indigenous knowledge. Additionally, participants discussed historical trauma, the loss of their land and language, and expressed a desire to share knowledge and support Native youth.

> ***For me, I got a lot out of the walking club because I had a total hip replacement. Now I can walk farther without my cane up and down stairs."***
>
> – TUCSON INDIAN CENTER FOCUS GROUP

Mental and Behavioral Health

Mental and behavioral health refers to the well-being of your mind, and the way you think, feel, and act. It includes everything from managing emotions and coping with stress to addressing conditions like anxiety, depression, or ADHD. The intersections between mental health, physical health and financial stability were common threads in the primary data results with participants noting how deeply intertwined the issues are with each other.

Families with young children, domestic violence survivors, and individuals experiencing homelessness noted mental health as a priority issue.[39, 43, 41] Mental health and access to quality care has disproportionate impacts on a variety of communities in Pima County including: older adults, school-age children, young adults, individuals identifying as LGBTQ+, and those who speak a language other than English. While many organizations in Pima County provide high quality and affordable mental and behavioral health options, there is a shortage of providers and appointments to meet the need; quality care remains unaffordable for many. Awareness and acceptance of mental health challenges has increased in recent years, although stigma persists and remains a barrier to accessing care.

> ***"Mental health is a root cause of many issues. A depressed person has trouble exercising, eating well. Financial stress impacts mental health. So then they get chronic diseases, have trouble sleeping, it's all tied to mental health. Financial well-being is having a big impact right now."***
>
> – COMMUNITY HEALTH WORKER FOCUS GROUP

> ***"If we don't attend to our mental health, then we are going to get sick physically."***
>
> – WOMEN'S HEALTH KEY INFORMANT

> ***"Access to providers is a common issue … especially for mental health – if you don't already have a provider, then getting in to see a new one is really difficult. Waitlists are long and many providers don't specialize in or have training on LGBTQ+ issues."***
>
> – LGBTQ+ HEALTH KEY INFORMANT

Focus group participants described frequent misdiagnosis for specific conditions such as obsessive-compulsive disorder or anxiety. This leads to challenges with acquiring resources and proper treatment.

> ***"Definitely a lot of undiagnosed or not properly diagnosed mental health issues."***
>
> – PEER SUPPORT SPECIALISTS FOCUS GROUP

Access to care is a particular challenge in rural areas where individuals may have to travel long distances to find care. Participants in the Amado focus group discussed the recent closure of a behavioral health clinic, which had been the only access point for mental health care in their community.

> ***"There are no services provided that could help the community. No place to get a diagnosis. No counseling. It's not talked about."***
>
> – RURAL COMMUNITY FOCUS GROUP

Although there may be a long way to go, participants noted a greater awareness and understanding of mental health, which has led to some progress regarding open dialogue and reduction of stigma. Focus group participants mentioned a greater focus and awareness of mental health in the post-pandemic years including reduced stigma. They noted vulnerability as being "trendy," indicating that people are more willing to talk about mental health. See the Stigma, Prejudice and Discrimination below, for more information on these topics.

> ***"It's becoming more acceptable to talk about your mental health."***
>
> – EVICTION PREVENTION CASE MANAGERS FOCUS GROUP

Substance Use Disorder (SUD)

Substance use disorder (SUD) refers to an individual's inability to control their use of substances like alcohol, illegal drugs, or prescription medications despite negative consequences. The intersection between substance use and mental health was a prominent theme among all primary data collection activities. Results indicate the need for prevention and treatment programs for alcohol and drug use as well as culturally tailored care, greater incentives to bring people into the SUD treatment and recovery workforce, and more funding to meet the growing demand for both mental health and SUD treatment and recovery services. The need for SUD and addiction services were emphasized by a variety of communities, including families with young children and individuals experiencing homelessness.[39, 43]

Recovery from substance use disorder is challenged by a lack of accessible and stable housing, job placement programs, dental treatment and wraparound social support services. There is a high need for these services and access to SUD treatment and recovery programs. Agencies and organizations in Pima County that provide SUD treatment and recovery services provide quality care and collaborate closely with other organizations to provide wrap-around services. There are many resources for housing, medication-assisted treatment and peer support; however, unmet needs remain high due to insufficient funding, workforce and programmatic challenges.

> ***"Mental health which goes with substance use; mental health problems associated with that; a huge one for sure."***
>
> – CITY OF TUCSON AMBASSADORS FOCUS GROUP

Workforce shortages have increased in the wake of COVID-19, especially for direct service and frontline providers. Low wages and high stress levels lead to burnout and turnover for peer support specialists, therapists, psychiatrists and other direct service providers.

> ***"Substance abuse and mental health need has increased. Because of the increase there is a shortage of providers, especially Spanish speaking providers and those that are culturally aware of the needs in our community."***
>
> – CHW KEY INFORMANT

> *Access to people like us, case managers and peer supports. We are such a valuable resource for people with mental health and substance use disorder. We are severely underfunded and underpaid; we get burnt out and unmotivated."*
>
> – PEER SUPPORT SPECIALISTS FOCUS GROUP

> *Working in human services isn't highly promoted. There are STEM and STEAM camps, but no camps for being a teacher, social worker, working for a nonprofit. That doesn't exist."*
>
> – MENTAL HEALTH KEY INFORMANT

The key informants and focus group participants discussed the linkages between homelessness and substance use disorder and mentioned fentanyl use as being highly prevalent in their communities.

> *Fentanyl is a big issue. There could be more efforts to overlap funding and conversations between opioid groups and groups focused on the unhoused population. Fentanyl was by far the greatest killer among unhoused last year."*
>
> – FINANCIAL WELLNESS KEY INFORMANT

> *Fentanyl is the biggest problem if you want to pick a particular drug. Fentanyl, heroin, meth seems to be coming back."*
>
> – CITY OF TUCSON AMBASSADORS FOCUS GROUP

An asset related to substance use disorder pertains to the services that organizations such as HOPE, La Frontera, CODAC, COPE and others provide. Through cross-county collaborations and innovative approaches, services are available to support Pima County residents currently battling SUD and provide human-centered and dignified care without judgment. Participants mentioned that Tucson is unique compared to other communities because of the availability of women-only substance treatment facilities, which ensure that women seeking treatment feel safe, and Adult Transitional Living (ATL) services with casitas and apartment buildings for those in recovery. These organizations and services provide support for individuals in recovery that lead to better outcomes. Funding for these important initiatives, and the increase in demand for services, will continue to be a challenge.

> *Methadone clinics here have saved many lives. That improved the lives of many people."*
>
> – PEER SUPPORT SPECIALISTS FOCUS GROUP

> *We have a lot of great services, but getting them connected is the issue…engaging [individuals] before they get engaged in the system to get treatment…I think we need more of that. Really good street outreach, going out and finding people where they are."*
>
> – PEER SUPPORT KEY INFORMANT

> ***Right now we do operate under a model of scarcity, there's only so many clients, so many of this, I would love if we could operate from a perspective of abundance. It doesn't matter who sees the client, them getting the right services will serve us better...I believe we are resilient, I believe we care, but we're always going to need more resources."***
>
> – PEER SUPPORT KEY INFORMANT

Social Determinants of Health

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. These factors include income, education, housing, access to health care, and social support systems. They play a crucial role in shaping an individual's health outcomes, with disparities in these determinants often leading to health inequalities among different populations.

Economic Stability

Economic stability refers to the consistent availability of resources and financial security which plays an important role in the well-being of individuals and communities. People are more likely to experience better health outcomes when they have access to stable incomes and livable wages, affordable housing, nutritious food, affordable health care, childcare and other essential resources.[19] The challenges associated with economic stability were the most common theme in the primary data results. Many struggle to pay their bills and cope with rising costs of living and unaffordable housing. In the 2024 Pima County CHNA Survey, more than half (54%) of respondents rated access to affordable housing as "fair" or "poor."[31] Individuals experiencing homelessness and domestic violence survivors face rising housing costs and barriers to safe housing.[41, 43] A lack of economic stability makes it difficult for residents to afford necessities such as food, medicine, and health care and maintain or improve their health and wellbeing. Economic challenges also increase stress and can lead to negative mental and physical health outcomes.

> ***[The biggest challenge] in the Tucson area, is poverty. If you look at similar metropolitan areas, we have a much bigger poverty rate than they do, sometimes double or more. Poverty comes with a number of indescribable barriers...not to say there's not great work being done but we haven't been able to move the needle and while we have been able to relieve some of the symptoms related to poverty, we haven't been able to deal with the core issue of poverty."***
>
> – HEALTH INSURANCE KEY INFORMANT

> ***Housing is one of the biggest foundational pieces to health in general, not just physical, but mental health."***
>
> – EVICTION PREVENTION CASE MANAGERS FOCUS GROUP

A major theme that arose in the focus groups pertains to the challenges of acquiring safe and affordable housing. Members of the focus group shared that senior housing is limited and that people on a fixed income struggle to access appropriate housing. Employment challenges for those in recovery from SUD contribute to a lack of economic stability for that community. Mental health issues such as depression can prevent people from getting and maintaining jobs. The participants observed rising unsheltered homelessness in recent years. Key informants noted that adequate and safe housing includes buildings that can be cooled and heated properly, especially during extreme weather events, which burdens low-income families.

> ***People really struggle to make a living and afford food, transportation, housing, which then impacts their ability to seek services, have the time to seek services and know how to navigate health care systems."***
>
> – BEHAVIORAL HEALTH KEY INFORMANT

> ***One of our barriers is getting to safe housing."***
>
> – TUCSON INDIAN CENTER FOCUS GROUP

> ***Many families are one emergency away from needing public assistance. Those people are looking for some form of savings to equip them with financial mobility. For the people who are already unstable, housing is the only thing keeping them safe and healthy. Safe and affordable housing is so important. For unhoused people, it is important to have a place that is safe, where they can express independence."***
>
> – FINANCIAL WELLNESS KEY INFORMANT

> ***Impacts of being able to control the temp in your home have a lot of indirect effects... These problems are experienced individually, but this is not an individual problem. Why someone's house is hard to keep cool has very little to do with individual choices and things within the control of individual."***
>
> – MANUFACTURED HOUSING KEY INFORMANT

Focus group participants mentioned that wages and social service programs (like Social Security Income) are not keeping pace with increasing costs of living.

> ***Cost of buying food is increasing. Comes back to financial stability for basics of life. Gas to get to appointment, it changes where you go and what you do. In a Hispanic culture, changing the dynamics of gatherings because either you can't afford to put it together or you can't afford to get to it. People are gathering less, dynamics are changing in social structures based on the economy."***
>
> – HEALTH CARE PROFESSIONAL KEY INFORMANT

> ***Some people can't work. The cost of living is so high."***
>
> – TUCSON INDIAN CENTER FOCUS GROUP

Health Care Access and Quality

The availability, access, and affordability of health care services influence whether an individual can get the services they need for prevention and treatment. Access to health care is influenced by insurance status, cost of care, health literacy, and distance to care. Access to care, including availability of appointments, ensuring health care services are close by and affordable, ensuring that providers are trained in providing culturally and linguistically appropriate care was underscored in primary data collection. Participants emphasized the need for patients to know how to advocate for themselves and the need to enhance patient-provider communication so patients understand and can take control of their health. They also discussed the need for training health providers in delivering quality care for marginalized populations who may face increased barriers to care. Individuals experiencing homelessness, domestic violence survivors, older adults, and families with young children noted the importance of, and challenges with access to insurance. There is a need to bolster access to medical care among these populations, including caregivers for in-home services for older adults.[43, 40, 41, 39] Additionally, the need for early and consistent maternal and infant health services was mentioned in the supplemental reports as well as by key informants.[39]

> ***When you go to your doctors, you need to speak up and make sure the doctor listens. One, doctors need to have a better bedside manner, and two, not too quickly to dismiss people and how they are feeling or what they're feeling."***
>
> – AFRICAN AMERICAN COMMUNITY FOCUS GROUP

> ***The American medical system...privileges those who are savvy with their own case management or who have the funds to afford a medical concierge or who have friends who are medical personnel."***
>
> – OLDER ADULT COMMUNITY LEADER KEY INFORMANT

Focus group participants discussed the high unmet demand for professional mental and behavioral health support. This lack of providers is a challenge to accessing mental health care.

> ***Big need for behavioral health professionals."***
>
> – CITY OF TUCSON AMBASSADORS FOCUS GROUP

Participants in primary data collection activities discussed the strong network of clinics that provide affordable primary care and mental health services. Many health care organizations in rural and urban parts of Pima County have worked hard to build trust and provide high quality care for their patients.

> ***The [United Community Health Center] clinic has been there around 15 years in Amado, they provide transportation, has had the same provider for about 8 years, she has built connections."***
>
> – RURAL COMMUNITY FOCUS GROUP

Participants in the focus groups discussed the lack of access to affordable insurance options make it difficult to afford necessary health care.

> ***"As caretakers, we don't qualify for any type of health insurance, health or dental or AHCCCS. It's expensive. I have insurance that I pay each month but it's so expensive.... It's as necessary as paying for your house."***
>
> – EARLY CHILDHOOD EDUCATORS FOCUS GROUP

Focus group participants discussed limitations with insurance coverage leading to a lack of prenatal and dental care. AHCCCS does not include dental, and this type of health care is costly and difficult to access. This results in people seeking dental services in Mexico because they cannot afford care in the United States.

> ***"Dental is a medical issue and people don't see it as that. People die from stuff in their mouth. It should be brought to light. Dental care is expensive."***
>
> – CITY OF TUCSON AMBASSADORS FOCUS GROUP

> ***"Better health care and more respect for patients."***
>
> – TUCSON INDIAN CENTER FOCUS GROUP

Key informants discussed the topic of reproductive health, and the politicization of reproductive health care access leading to community members being afraid of losing access to care for family planning.

> ***"Racism is the key determinant of maternal outcomes. We have to diversify the workforce because that's what is proven to improve outcomes. You may walk in the door, but do you get the same care?"***
>
> – HEALTH CARE PROFESSIONAL KEY INFORMANT

> ***"Legal ability to access reproductive services given the political climate and given nationally with abortion access services...we know that reproductive access is on the chopping block."***
>
> – ADOLESCENT HEALTH KEY INFORMANT

Education Access and Quality

Access to high quality education opportunities and the conditions in which people learn is linked to better health.[16] Primary data results underlined the importance of prioritizing education and ensuring access to quality educational programs throughout the lifespan, from children to older adults. Primary data collection emphasized educational challenges such as reading proficiency issues for school-aged children and limited access to educational services.[39] Educational supports such as Individualized Education Plans (IEPs) are an important factor in ensuring long-term positive outcomes for children.[39]

> ***"Education is potentially transformative, so access is so critical."***
>
> – WORKFORCE DEVELOPMENT KEY INFORMANT

> ***"Most important thing is the parents that push their kids into education. Kids need to be educated; parents involved in the schools."***
>
> – TUCSON INDIAN CENTER FOCUS GROUP

Focus group and key informant participants discussed funding for early childhood education as an asset in Pima County, and the positive, long-term benefits of this investment for the community.

> ***"[The $4.1 billion given to Arizona for early childhood education]... was a great opportunity for our community to see how these investments impact our community positively, including for educators who got paid more. We will talk about [the impacts of this funding] for decades due to its positive impacts."***
>
> – EARLY CHILDHOOD EDUCATION KEY INFORMANT

Focus group participants discussed the need for free or low-cost postsecondary and technical education opportunities. Assets include the Pima Joint Technical Education District (JTED) programming, which provides career and technical education to high school students.

> ***"I just think that we need to offer free education beyond high school and maybe expand JTED."***
>
> – EVICTION PREVENTION CASE MANAGERS FOCUS GROUP

Social and Community Context

Social and community context refers to interactions with family, friends, co-workers, and other community members which can impact well-being. Positive and supportive relationships at home, work and in the community can help to reduce the negative impacts of unsafe environments and promote overall well-being.[44] Strong community bonds were a theme across all collection activities. Participants mentioned connections between faith, family, and community leading to supportive environments. Focus group participants mentioned socialization as a benefit of being involved in recreational activities and discussed the desire for low cost and free programming throughout their community to support their health and well-being. They discussed the necessity of staying active in body as well as mind and the need for social programs for building community.

> ***"We'd like to see our community moving. Moving to music, moving to whatever makes you happy. Find your happy zone, the activities that you enjoy. I want people to be able to enjoy life, socialize, be with loved ones and friends."***
>
> – AFRICAN AMERICAN COMMUNITY KEY INFORMANT

> ***"I love how everyone is helping each other in this group. Having free and low-cost access to recreational opportunities and programs is important."***
>
> – TUCSON INDIAN CENTER FOCUS GROUP

The CHWs highlighted the importance of their networks for sharing resources and providing support to the community. They noted that as CHWs, they are the trusted connectors in their community, providing knowledge and resources for each other and their community and clients.

> ***"We reach out to get help from each other. If we aren't close by, we reach out to find out who can help. That's the strength of the promotoras [community health workers]. We all work together."***
>
> – COMMUNITY HEALTH WORKER FOCUS GROUP

Safety and security are not felt uniformly by all communities in Pima County. Some communities experience a lack of safety and security that stems from prejudice, discrimination and the politicization of health care. In several focus group discussions, the participants discussed feeling unsafe in public places or on public buses, in part because of visible signs of drug use or homelessness.

> ***"[They are] afraid for safety, increase in violence towards LGBTQ community members and parents of LGBTQ youth, concerned that rights like marriage and adoption will be revoked. People are leaving their homes and communities out of this fear; being pulled from their support systems to get to safe havens."***
>
> – HEALTH CARE PROVIDER KEY INFORMANT

Neighborhood and Built Environment

The places where people live, exercise, and commute have a major impact on health and wellbeing. The built environment includes the structures we live in, the systems that deliver water, electricity, and internet, and infrastructure such as roads and bridges.[45] The focus group participants discussed multiple issues facing their neighborhoods that impact quality of life and well-being. Several of them focused on the accessibility of their neighborhood noting new wheelchair ramps and access to public transportation as important amenities. They also emphasized the importance of a clean neighborhood with well-lit streets and access to green spaces. The participants noted that they felt safe and peaceful in their neighborhoods but mentioned that there is a general lack of maintenance for parks and private yards. Participants discussed the lack of roadways safety as a challenge in using active transportation options such as walking and cycling and creates barriers for use of recreational amenities such as parks.

> ***"There is access to transportation, we also have new wheelchair accessible ramps for the sidewalks. I'm very happy where I live, I've been here 20+ years, I always fall more in love."***
>
> – EARLY CHILDHOOD EDUCATORS FOCUS GROUP

> ***"Having a park near your community is beneficial. Healthier to get out and walk every day, having a clean park, people around who take care of it. It helps us all to have a park like that. It's so beneficial for our health."***
>
> – EARLY CHILDHOOD EDUCATOR FOCUS GROUP

The focus group participants discussed many resources accessible to the community. Participants mentioned The Loop bike path as a community resource contributing to the built environment. The participants discussed the importance of free transportation and expressed a desire for transportation to remain free indefinitely. Also, focus group participants discussed libraries as a benefit to the community, and a means for information dissemination. The library serves as a resource for individuals experiencing homelessness, providing a safe place to brush one's teeth, acquire supplies, and meet people.

> ***"I have a school, El Rio neighborhood center, and boy's and girl's programs. I learned how to talk to people and we have a library. Where I live is rich in resources and I am really grateful for that."***
>
> – CITY OF TUCSON AMBASSADORS FOCUS GROUP

> ***"Free transportation is a strength."***
>
> – CITY OF TUCSON AMBASSADORS FOCUS GROUP

> ***"I was surprised to learn how much the libraries are becoming…an everything to our community. "***
>
> – EVICTION PREVENTION CASE MANAGERS FOCUS GROUP

Other themes

Continued Impact of COVID-19

The collateral consequences of COVID arose as an important topic for the key informant and focus group participants. This topic relates to reductions in preventative care as well as adverse effects for individuals living with chronic disease. Changes and challenges of the COVID-19 pandemic impacted all the priority health and social determinant of health issues. Many primary data collection participants discussed the challenges of their community experiences with long COVID. Spanish-speaking and Native American respondents to the 2024 Pima County CHNA Survey noted a higher impact from long COVID (COVID-19 symptoms that last longer than four weeks). It was priority number seven for Spanish speakers, impacting 18% of respondents, and priority number six for Native American respondents, impacting 19% of respondents.[31]

> ***[As a result of covid] we lost ground everywhere. It's going to take a while if not years and years, if not a decade, of continued deliberate work to reengage people in preventative care, to restabilize individuals with chronic disease...those who disengaged and of course those who continue to get sick."***
>
> – HEALTH INSURANCE KEY INFORMANT

The COVID-19 pandemic also led to changes that caused mental health to be a prominent issue. Participants mentioned this rise in need for services also led to strains in the available health care system.

> ***COVID brought up all of the stuff people were ignoring or hiding to the surface. There is more mindfulness and awareness of behavioral health."***
>
> – CITY OF TUCSON AMBASSADORS FOCUS GROUP

Focus group participants discussed the way housing costs have risen post-COVID-19, which ties into the major theme of a lack of affordable housing.

> ***I could reiterate the cost of prescription medication and health care coverage, but I want to point out the cost of housing has continuously grown and dramatically post-COVID."***
>
> – EVICTION PREVENTION CASE MANAGERS FOCUS GROUP

Both the key informants and focus group participants discussed the impact of social isolation on children's development. They have observed that children needed more occupational and speech therapy. Also, they noted that they were able to provide referrals and resources for the children, who are now developing normally.

> ***The biggest thing that we are seeing and hearing from families is that the kids that were born in that 2-year time frame or were young during the height of the COVID pandemic, we are seeing some social-emotional delays, and the kids are not used to being with other children or out in environments."***
>
> – EARLY CHILDHOOD EDUCATOR KEY INFORMANT

> ***Many of the kids that were born in these two years – they needed more therapy to be able to talk and to move their bodies. It was hard."***
>
> – EARLY CHILDHOOD EDUCATORS FOCUS GROUP

Participants in data collection activities noted that there was an influx of policies, resources and support for a variety of issues, from housing to early childhood education to health care access, during the height of the pandemic. These programs provided essential support for many families and individuals. However, many of these programs are now ending, or the money has been spent, leaving agencies scrambling to help communities most in need.

> ***There had been great innovations (cutting a lot of red tape) during COVID, but a lot of regulations and red tape have been implemented again. That brief hiatus allowed a lot of people to quickly get the help they need, but it didn't last."***
>
> – FINANCIAL WELLNESS KEY INFORMANT

> ***When COVID came they gave us grants. I had ten scholarships and now they only gave me two. I had to give up eight families…the kids and families were crying. Those families can't afford to pay. This is affecting all of us. We are working to help families, and this made us sad."***
>
> – EARLY CHILDHOOD EDUCATORS FOCUS GROUP

A positive effect or asset that occurred in response to COVID relates to the advancements in and adoption of telehealth. Participants discussed the rise of telehealth options during the COVID-19 pandemic as being particularly helpful for high needs members receiving SUD treatment who cannot physically leave the home.

> ***A benefit from COVID was telehealth; people being able to get medications and other things from home. Maybe they don't have transportation, but they can see a doctor over tele-health."***
>
> – PEER SUPPORT SPECIALISTS FOCUS GROUP

Rural Areas

The rural areas of Pima County face unique circumstances that both hinder and support their health. Key informant and focus group participants from rural areas discussed challenges with access to care due to distance and transportation challenges. While there are high quality health services in the rural areas, it can be a challenge to reach them, and emergency or specialized care may be more difficult to access.

> ***"Biggest barrier is distance. They can come here; our providers have a wide range of expertise. If we catch something early enough, we can try to help. But if someone has a heart attack or pulmonary event, can you do CPR for the hour it takes to get to the hospital? Will it be quality enough to keep you alive? So distance to higher levels of health care is definitely important."***
>
> – RURAL HEALTH CENTER KEY INFORMANT

Rural areas also struggle with a lack of specialized or special needs services. While telehealth helps to alleviate some of those issues, it is not always an appropriate option.

> ***"There are no special needs services out here. Need to do telehealth, tele-options for things like speech therapy."***
>
> – RURAL HEALTH CENTER KEY INFORMANT

Programs, resources and amenities are also more limited in rural areas. There are not as many options for health, social or recreational activities. Programs and services that are available in urban areas may have limited reach in rural areas. Local programs and services may struggle with sustainability.

> ***"[There's] not a lot out here. There's a lot of need that goes unmet. If they can't get to the city, it goes unfilled."***
>
> – RURAL HEALTH CENTER KEY INFORMANT

> ***"Initiatives in town don't last long, for example Sheltering Ajo was trying to support housing, but they folded after a few years."***
>
> – RURAL HEALTH CENTER KEY INFORMANT

Participants in the rural focus group discussed the underutilization and inaccessibility of some community resources as an ongoing issue in rural areas. This pertains to a lack of affordable extracurricular activities for children, lack of parks and recreation activities, and lack of maintenance in the parks restrict activities that could support family health and wellness. Existing amenities such as pools and the school gym could be excellent local community resources, but they are not open to the public or have severely limited hours.

> ***"We have a pool that is never used. The gym was added to the school, but not open to the community. Could be an excellent resource to the community."***
>
> – RURAL COMMUNITIES FOCUS GROUP

> ***[The parks] are overgrown and outdated, public bathrooms are typically locked, and water fountains don't work."***
>
> – RURAL COMMUNITY FOCUS GROUP

The rural areas also have additional barriers to economic stability, including a lack of job opportunities and lack of options for job training and post-secondary education opportunities.

> ***The biggest thing that our community is lacking is economic opportunities [that exist in] more urbanized areas."***
>
> – RURAL HEALTH CENTER KEY INFORMANT

Without the resources of larger urban areas, it is also more difficult to mitigate environmental challenges.

> ***Can look at the environment and disaster preparedness, big thing in Ajo is extreme heat, possibility of flooding in monsoon season. Two of the biggest environmental concerns."***
>
> – RURAL HEALTH CENTER KEY INFORMANT

Access to healthy foods is a specific challenge in rural areas. Transportation access is a barrier to acquiring food.

> ***The food bank is great, but some can't get a ride there. Some might not reach out to not be a burden to their neighbor."***
>
> – RURAL COMMUNITY FOCUS GROUP

Rural areas in Pima County tend to be safe, close-knit communities with a culture of problem solving and mutual support. In Green Valley, for example, volunteers provide mutual support and transportation services for those who cannot drive.

> ***If something happened in my street, I could talk with my neighbor. For the most part, it's safe. I left my door wide open, and it was fine."***
>
> – RURAL COMMUNITY FOCUS GROUP

> ***We have our issues with drugs and things like that, there is a bit of crime, but I used to walk at night; people aren't scared to go out at night unless its snakes or coyotes."***
>
> – RURAL HEALTH CENTER KEY INFORMANT

Stigma, Prejudice and Discrimination

Stigma, prejudice and discrimination were prominent themes across all data collection activities and highlight the challenges that communities face. Older adults report prejudice and discrimination is common, particularly those who identify as LGBTQI+.[40] Domestic violence survivors experience racial and ethnic disparities, including discrimination against LGBTQ+ individuals, and fear of deportation or legal repercussions for undocumented immigrants.[41] Individuals experiencing homelessness face discrimination and stigma, which affects their ability to access services and integrate into the community, underscoring the need for community education and anti-discrimination policies to foster a more inclusive environment.[43] Primary data results also highlighted discrimination within the context of clinical services, emphasizing the lack of connection between providers and patients compounding historical trauma and mistrust of the medical system.

> ***A lot of us African Americans don't trust the doctors because we aren't heard. They are prescribing medications that are not good for Black people. There are some providers who don't want to give African Americans the best medical care possible."***
>
> – AFRICAN AMERICAN FOCUS GROUP

Key informants and focus group participants discussed the desire for LGBTQ+ adults and youth to live free from prejudice and discrimination. Participants discussed discrimination leading to microaggressions and a lack of support for individuals experiencing these types of incidents in the workplace. Also, participants mentioned the lack of strong standards in the workplace for addressing these types of situations.

> ***[LGBTQ+ youth want the] ability to exist openly without harassment, bullying, discrimination, or violence."***
>
> – LGBTQ+ HEALTH KEY INFORMANT

> ***Something that's been a challenge for people in my life, who use different pronouns or come from different gender identities, is engaging with the working world."***
>
> – EVICTION PREVENTION CASE MANAGERS FOCUS GROUP

Prejudice and discrimination are also challenges for individuals using drugs or in recovery from substance use disorder. They may struggle to find employment, housing or other supportive services that will support their treatment or recovery.

> ***Members [with SUD]…have a lot of struggles with obtaining employment with mental health and being sober from SUD. Because of that some of them have lost teeth, it deters them, people get weirded out when you don't have teeth. Don't want to hire [them] for customer service or public facing jobs. Also, criminal backgrounds can be an issue."***
>
> – PEER SUPPORT SPECIALISTS FOCUS GROUP

Focus group participants expressed experiences of discrimination in housing, health care and with police. One participant shared an experience of being denied an apartment despite having the funds to pay for it.

> ***People [are] getting denied services because of race. I was looking for a house/ apartment, we went, and they made us wait; they didn't acknowledge us."***
>
> – TUCSON INDIAN CENTER FOCUS GROUP

The topic of ageism and disability leading to the risk of discrimination arose in focus groups.

> ***Friends said, "Are you sure you aren't getting a job because of your age?"***
>
> – CITY OF TUCSON AMBASSADORS FOCUS GROUP

> ***Bus drivers start talking, "I hate picking people up at Tucson House you have to put down the ramp."***
>
> – CITY OF TUCSON AMBASSADORS FOCUS GROUP

Participants noted discrimination based on skin color and against those who don't speak English well. They also noted the connection between discrimination and mental health.

> ***I think people are divided because of how their skin looks. It affects their mental health."***
>
> – EARLY CHILDHOOD EDUCATORS FOCUS GROUP

Gallery Walk Community Forum Prioritization Results

This section summarizes the community feedback activities and prioritization results used to gain insight into the health priorities of Pima County residents.

Prioritization Results

In total, 270 votes were cast in the prioritization activity. *Figure 8* provides a breakdown of the percentage of votes in each category. Child and Adolescent Health, Mental Health and Substance Use Disorder were the categories with the most votes across all data collection activities.

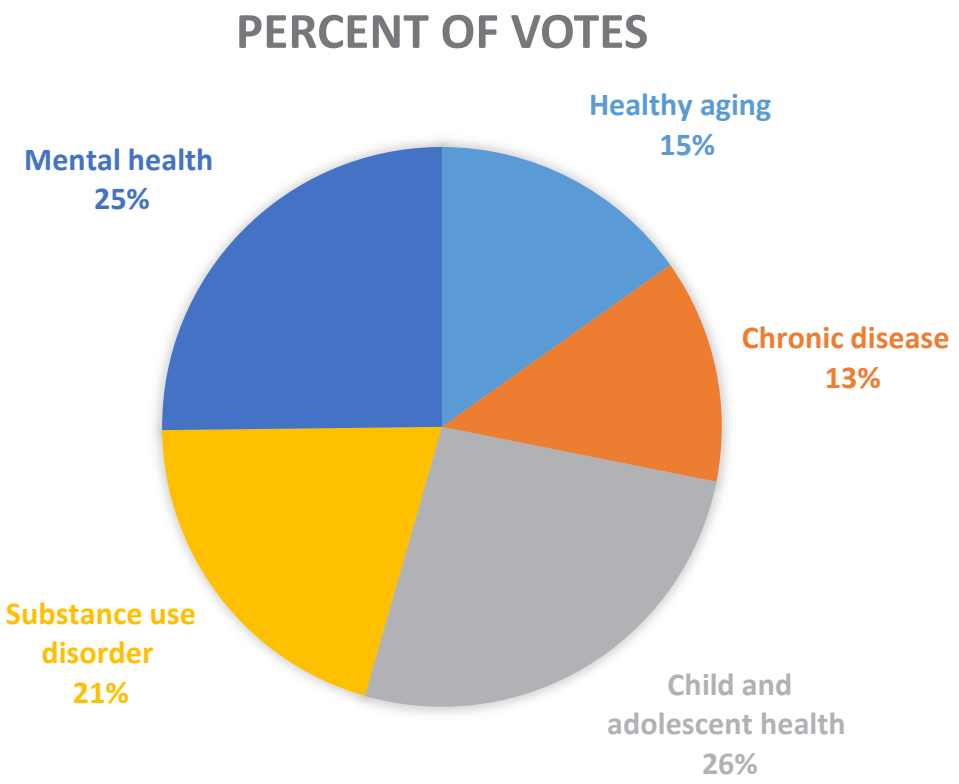


Figure 8 Percent of Votes in each Gallery Walk Category

Table 10 summarizes the major themes identified by gallery walk participants for each health topic.

Summary of themes for each health topic from gallery walk participants	
Category	**Themes**
Mental and Behavioral Health	■ Long wait times and limited providers make it difficult to access care ■ Mental health treatment is expensive and difficult to navigate ■ Need to decrease stigma and raise awareness about mental health issues
Substance Use Disorder	■ SUD and related issues of mental health and homelessness impact family, friends and community of those affected ■ Importance of education for reducing stigma about SUD, recognizing signs and seeking help ■ SUD education should begin at a young age
Chronic Diseases	■ Need for education and awareness to prevent and manage chronic disease ■ Access to healthy foods is important ■ Care can be expensive and difficult to manage ■ Access to care, transportation and programs is limited in rural areas
Healthy aging	■ Importance of social and community engagement activities for older adults ■ Need for programs to address isolation and loneliness ■ Programs and education for healthy aging impacts whole families and communities
Child and Adolescent Health	■ Adolescents are struggling with mental health, which is related to technology and social media use ■ Need for youth-focused services and programs, especially those that provide safe spaces with trusted adults ■ Importance of low-cost recreational opportunities ■ COVID-19 pandemic impacted the social, emotional and intellectual development of young children, and more support is needed to address these issues ■ Need for services and programs for the entire family

Table 10 Summary of themes for each health topic from gallery walk participants

Conversations and Comments

Participants emphasized the need for prevention efforts and programs to support health and well-being for all the identified health issues. This includes community education, awareness building and ensuring that people understand the resources available to them.

> *"Chronic disease can be prevented if taken the steps to make changes. Having access to resources such as healthy foods in rural areas is NEEDED. Maybe providing services with transportation and affordability will contribute to making change."*
>
> – IN-PERSON GALLERY WALK PARTICIPANT

> *"Healthy aging is important to continue to be self-sufficient and not rely entirely on the community, enjoying a healthy life to the fullest, people are living longer and at some point, will need assistance, address issue by having more resources available for the aging community."*
>
> – IN-PERSON GALLERY WALK PARTICIPANT

> *"Provide free/low-cost resources to families. Provide in school programs to promote healthy habits."*
>
> – IN-PERSON GALLERY WALK PARTICIPANT

The participants also highlighted the interconnection of all five health issues, as well as the impact they have on an individual's family, friends and community.

> *"It's important for everyone to understand how chronic disease can impact your community."*
>
> – IN-PERSON GALLERY WALK PARTICIPANT

> *"Examining these issues reveals a domino effect that begins in youth. If not properly addressed, they can lead to mental health challenges and chronic diseases, impacting individuals throughout their lives and potentially resulting in unhealthy aging."*
>
> – VIRTUAL GALLERY WALK PARTICIPANT

> *"Substance abuse affects you very hard, your life, your family, even relationships. If we provide more help, people can get what they need."*
>
> – IN-PERSON GALLERY WALK PARTICIPANT

> *"Aging - it's not just impacting you it's impacting your family."*
>
> – IN-PERSON GALLERY WALK PARTICIPANT

> ***It's difficult to prioritize because they all influence each other. Poor child & adolescent health can lead to substance use, mental and behavioral health needs, chronic disease, and unhealthy aging."***
>
> – VIRTUAL GALLERY WALK PARTICIPANT

Participants shared personal stories of how these health issues have impacted them and their loved ones. Most of the personal stories were related to substance use disorder, mental health and child and adolescent health.

> ***My son has been on the street using drugs for five years. I don't know how to help him."***
>
> – IN-PERSON GALLERY WALK PARTICIPANT

> ***My son is a covid baby and he now needs speech therapy. He was challenged by covid developmentally. Now he has behavioral health issues."***
>
> – IN-PERSON GALLERY WALK PARTICIPANT

> ***My son has ADHD and the medications are too expensive. I have to go to Mexico to afford his medication."***
>
> – IN-PERSON GALLERY WALK PARTICIPANT

Comments from gallery walk community forum participants recognized the need for policy and systems change approaches to address these health issues.

> ***There is a major systemic need for more mental health workers and faster intake processes. 6+ months to be seen is simply too long when someone is in crisis."***
>
> – IN-PERSON GALLERY WALK PARTICIPANT

> ***We need to improve rural infrastructure so that these populations can get internet."***
>
> – IN-PERSON GALLERY WALK PARTICIPANT

> ***Maybe providing services with transportation and affordability will contribute to making change."***
>
> – IN-PERSON GALLERY WALK PARTICIPANT

> ***We should create more cohousing for seniors!"***
>
> – IN-PERSON GALLERY WALK PARTICIPANT

Social Determinants of Health

Table 11 summarizes the top assets and challenges identified by virtual gallery walk participants, by social determinant of health category, along with the percentage of participants who identified the topic as an asset or challenge. The topics in each category were chosen based on results from the secondary data collection, key informant interviews and focus group discussions.

Top social determinant of health assets and challenges identified by virtual community forum participants		
SDOH Category	**Assets (%)**	**Challenges (%)**
Economic Stability	■ Economic support programs in Pima County (52%)	■ High cost of living (61%) ■ Housing unaffordability (26%)
Education Access and Quality	■ Community colleges provide affordable and accessible educational opportunities (58%)	■ Qualified teacher shortages (61%) ■ High cost of secondary education (e.g. university tuition) (63%) ■ Lack or limited services in schools for mental health (55%)
Health Care Access and Quality	■ Organizations that provide affordable primary care services (63%) ■ Organizations that provide affordable mental health services (63%)	■ Lack of primary care appointments (58%) ■ Limited health care workforce and burnout (63%) ■ Long wait times for available mental health appointments (61%) ■ Cost of prescription drugs (52%)
Neighborhood and Built Environment	■ Many recreational opportunities including access to parks and trails (66%) ■ Free public transportation in Tucson (55%) ■ Public libraries (55%) ■ Efforts to improve roadways and pedestrian safety (61%)	■ Poor roadway safety (66%)
Social and Community Context	■ Increased acceptance of mental health challenges (55%) ■ Organizations collaborate to improve health and well-being (63%)	■ Social isolation and loneliness (52%)

Table 11 Top social determinant of health assets and challenges identified by virtual community forum participants

The most common assets identified by participants were the many recreational opportunities like access to parks and trails (66%), the ongoing efforts to improve roadway and pedestrian safety (61%), the organizations that provide affordable primary care and mental health services (63% each), as well as the collaboration among organizations to improve health and wellbeing (63%).

> ***"Please prioritize creating more walkable communities, as this change significantly enhances people's quality of life and well-being in various ways. Improved walkability encourages physical activity, boosts mental health, and ensures accessibility for all residents."***
>
> – VIRTUAL GALLERY WALK PARTICIPANT

The most common challenges noted were limited health care workforce and the high rate of burnout (63%) impacting long wait times for appointments (58% noted for primary care and 61% for mental health care). Additionally, the high cost of living (61%), qualified teacher shortages (61%), the high cost of secondary education (63%) and roadway safety (66%).

Participants in the in-person gallery walks mostly discussed issues related to economic stability, including high cost of living and lack of affordable housing options. They also discussed the need to prioritize safer streets.

> ***"Healthy food is way too expensive. Rent is way too high. What conditions are we living in? Just surviving not living."***
>
> – IN-PERSON GALLERY WALK ACTIVITY

> ***"My daughter was using half of her income on her 1-bedroom apartment and that wasn't even in a nice neighborhood."***
>
> – IN-PERSON GALLERY WALK PARTICIPANT

> ***"An additional SDOH I've noticed in Pima County is the lack of safe streets for walking, riding bikes, for neighborhood children to safely play."***
>
> – IN-PERSON GALLERY WALK PARTICIPANT

Community Status Assessment

Methodology

The Community Status Assessment uses secondary (existing) quantitative data to characterize the community's health status. Secondary data were aggregated from publicly available databases to present an overview of the health of people in Pima County and to shed light on health assets and disparities, describe health trends over time, and provide quantifiable metrics relative to Arizona and the United States. The quantitative, secondary data included in this report are meant to give readers a sense of the most important health issues in the county, how they are changing over time, and who is most affected.

Icons will be used throughout this section to highlight the following:

Asset/Improvement: Statistics that have improved from previous years or are better compared to other geographic areas (like the state or country).

Notable Finding: An especially important or interesting statistic, usually indicating a negative finding.

Notable Disparity: Health issues that affect some demographic groups more than others.

Data Limitation: Indicates a lack of publicly available data or data that poses certain limitations in scope or understanding.

Healthy Pima Indicators (HPI): Launched in 2024, the HPIs support a vision for what Pima County aims to achieve collectively in the next ten years and were selected based on their identification as high priority in the community, their contribution to morbidity/mortality in the community, and the likelihood that collective action will positively influence measured outcomes. These indicators are meant to be iterative and may be refined and amended over time as needed. The eleven proposed indicators fall within four key health improvement areas: (Strengthen) Public and Community Health, (Equitable) Access to Health Care, (Optimize) Individual Health Status, and (Reduce premature) Mortality. A list of all Healthy Pima Indicators can be found in Appendix B.

Healthy People 2030 Leading Health Indicator (LHI): Healthy People 2030 provides a comprehensive list of national 10-year goals and objectives for improving the health of all Americans. Leading Health Indicators (LHIs) are a subset of these priority objectives selected to drive action towards health and wellbeing. We note the indicators related to each section to highlight priority areas even if current data for that measure are unavailable. A full list of LHIs and more information can be found at health.gov/healthypeople.

Important Definitions:

- **Age-Adjusted:** Many of the rates presented are age-adjusted. This means that the rates were calculated accounting for the distribution of ages in the sample area where data were collected. This makes the rate generalizable to the larger population and comparable to different populations with different age distributions.
- **Disparity:** A disparity means a preventable difference or discrepancy in health outcomes between populations. In this section, we will highlight notable health disparities, or differences in health rates or statistics, by demographics (race, ethnicity, sex, and socio-economic status) or by locality (county, state, or nation).
- **Indicator:** Health indicators are quantitative or statistical measures that provide insights into the health status (i.e. the occurrence of a disease) and associated factors (i.e. risk factors) of individuals or a group. Often described with metrics (e.g. percent, rate, prevalence, etc.), health indicators are used to track changes over time, including progress toward goals and effectiveness of interventions, and to identify areas that require attention.
- **Incidence** is a measure of the number of new cases of a condition that develop in a population in a specified time period. It shows how quickly a disease is spreading and can be reported as a risk or as a rate.
- **Prevalence** is the proportion of a population who have a specific condition in a given time period, regardless of when they first developed it. It can be reported as a percentage (5%, or 5 people out of 100), or as the number of cases per 10,000 or 100,000 people. It shows how common a disease is.
- **Rate:** The majority of rates in this report are "per 100,000 population," or in other words, "for every 100,000 people in a designated category or time frame." For example, from 2019-2023 Pima County had a rate of new tuberculosis (TB) diagnoses of 1.96 per 100,000 meaning there were approximately 2 new cases of TB recorded for every 100,000 Pima County residents between 2019 and 2023. The rate was calculated by taking the total number of cases, dividing by the entire population then multiplying by 100,000.
- **Ratio:** A ratio compares the quantity of two things. For example, the ratio of population to primary care physicians was 1,150:1 in Pima County in 2021. This means that for every 1,150 people in Pima County, there was 1 primary care physician.
- **Risk:** The risk is the probability that someone within a specific population will develop a given disease, or other health outcome, over a specified period of time. It can be calculated by dividing the number of individuals with the disease over a certain period of time by the total specific population over the same period.

Data Sources and Limitations

While secondary data can tell us a lot about the current health status of a community, the source, context, collection methods and possible limitations should be also considered. This report uses data from credible sources with the most recent data available; however, some data are several years old due to a lag in the availability of population-level data in many public databases. Because quantitative data do not always convey essential contextual information associated with the health topics described in this section, the Community Status Assessment should be reviewed alongside the narratives and qualitative data presented in other sections and with the limitations and considerations described below.

The paragraphs below provide additional context and information about the data sources most used in this report. Limitations of data sources not listed below are noted within the narrative.

The **U.S. Census** is a data source cited throughout this report. While it provides the most complete demographic data available, it can be less reliable in rural areas with smaller populations. Furthermore, some statistics reflecting the health of Native American and Alaskan Natives, Asian and Pacific Islanders, and Black residents may be absent or not representative of the population due to small population numbers. For more information about the 2020 Census results for particular racial and ethnic groups, visit **https://www.census.gov/newsroom/press-releases/2022/2020-census-estimates-of-undercount-and-overcount.html**.

The **Arizona Department of Health Services (ADHS)** provides multiple publicly available data dashboards and reports regarding a wide variety of topics. The limitations and sources of the data in these dashboards are displayed in the dashboards themselves and should be reviewed when using this as a data source. In some cases, the data are updated on a regular basis which means that the data in this report were valid on the day it was accessed. The access date is noted in the references for each data source.

The **Arizona Youth Survey (AYS)** is another source cited in this report. Every two years the AYS is administered to 8th, 10th, and 12th graders in Pima County and across the state in order to assess various behaviors such as drug and alcohol use, gang membership, and other risky youth behaviors. Only 10% of eligible students took the survey in 2022 due to state law, therefore, the survey results may not be representative of all youth in Pima County. In 2022, 1,274 8th graders, 1,580 10th graders, and 620 12th graders participated.[24]

The **2024 Pima County Community Health Needs Assessment Survey** was launched from January-March 2024. This was the first time Pima County had conducted a CHNA survey since 2015. This survey was conducted by the firm Vest and Yaeger and closely mirrored Maricopa County's CHNA survey. The survey was available online and in a printed version for individuals without access to the internet. Respondents completing the survey were entered into a raffle to win one of five $100 gift cards. The CHNA survey was distributed and marketed in different ways, in collaboration with the Pima County Communications team. Some of the distribution methods included: radio, website, social media (Facebook, Instagram, TikTok), print ads (newspapers), county publications (newsletters), and distribution at tabling events (postcards, posters w/ QR codes).

The CHNA survey received 4,036 responses. Out of those,

- 450 were Spanish-language responses
- 1,683 were non-White
- 243 identified as a Member of a Native Nation
- 64 identified as Transgender or non-Binary

The most common zip codes represented by survey respondents were 85705 (Midtown), 85714 (south central Tucson), and 85622 (Green Valley). The least common was 85601 (Arivaca). While respondents within Tucson city limits were predictably the most represented, there was also strong representation from 85321 (Ajo). Although the survey is considered a primary data source, much of the analysis is presented in this section.

El Rio Health SDOH data: At El Rio Health, Social Determinants of Health (SDOH) data are routinely collected from patients. Annually, patients are asked to complete an SDOH questionnaire either online at the clinic. The questionnaire covers domains related to alcohol use, depression, financial resource strain, food insecurity, housing stability, intimate partner violence, physical activity, post-partum depression, transportation needs, and utilities. Six domains are included in this report.

Other common data considerations and limitations are described below.

Tribal data in this section are presented only at the county scale or from self-identifying individuals who participated in the 2024 Pima County CHNA Survey. Three of the twenty-three Primary Care Areas, which coincide with Tribal lands, have been removed from this report to support Indigenous Data Sovereignty. Refer to **How to Read This Report** for more information.

Asterix (*) are used by data sources when a population is small and information cannot be provided without compromising anonymity. Often communities with small populations are suppressed, like Asian/Pacific Islanders, Native Americans/American Indians/Alaskan Natives, and Black/African Americans, which can lead to inequitable availability of data to provide insight on their needs and priorities. In addition to the limitations of publicly available data mentioned above, misclassification of Native Americans, American Indians, and Alaskan Natives as other races or ethnicities is another prevalent issue leading to further suppressed data.[46, 47, 48]

The **language** used in this report to describe data about individual characteristics (i.e. gender, or race and ethnicity) may differ throughout depending on what is used within the secondary data sources. For more information, please refer to the **How to Read This Report** section. Additionally, the term “residents” is used to denote all people living in Pima County regardless of legal status.

When reading this report, it is important to consider the effects of systemic discrimination and structural inequalities on socioeconomic disparities and health outcomes. Data in this report are presented in sequence, often highlighting disparities without important context (historical, locational, etc.). This framing is not meant to insinuate or place blame on populations or communities. Additionally, the narratives and qualitative data within the Community Context Assessment provide important context for the rest of this report. For more information on data sources and limitations, see Community Status Assessment section.

Health Status and Mortality

Key Takeaways:

- In 2022, major cardiovascular diseases and cancer were the leading causes of death, followed by non-transport accidents. COVID-19 and other respiratory diseases made the top ten, as well as Alzheimer's disease, diabetes, suicide, and transportation related accidents.
- From 2019 to 2021, the age-adjusted death rate in Pima County increased by 25% compared to the state rate which increased by 30%.
- American Indians living in Pima County are expected to die at age 66, over a decade (11 years) earlier than the county life expectancy of 77 years. Black residents are expected to die at age 73, four years earlier than the average resident.
- Large disparities between Pima County primary care areas exist when comparing the percentage of deaths that occur before age 77 (premature mortality). Less than one in three (28.9%) people living in Catalina Foothills die prematurely compared to nearly seven in ten people living in the Valencia West (67.4%) and Picture Rocks (68.2%) Primary Care Areas (PCAs).
- Accidental deaths, especially those involving motor vehicles and drug use, are on the rise in Pima County. The accident death rate in Pima County is 97.9, higher than the state rate of 78.6. Among all non-natural deaths in 2022, accidents accounted for nearly seven out of ten (67%) fatalities.

General Health Status

In 2022, 13% of Pima County adults reported poor physical health for fourteen or more days of the last thirty days compared to 12% of adults nationally (age-adjusted). In 2022, 19.2% of Pima County adults reported that their health was fair or poor compared to 17.0% of adults nationwide (age-adjusted).[27] Nearly two out of five (38%) respondents to the 2024 Pima County CHNA Survey rated their physical health as "very good" compared to half (51%) of respondents who stated it was "fair." 6% stated their physical health was "poor."[31] *Table 12* shows the top 15 health issues identified by survey respondents.[31]

2024 Pima County Community Health Needs Assessment Survey: Which health issues have the most impact on you and/or the people you live with or care for? (top 15 most common responses)[31]	
Anxiety	34%
Chronic pain (back pain, joint pain, fibromyalgia, etc.)	32%
Depression	28%
High blood pressure/hypertension	28%
Diabetes	19%
Chronic stress	18%
Autoimmune disease/lupus, Multiple sclerosis (MS), rheumatoid arthritis, etc.	13%
Other infectious diseases (RSV, COVID-19, flu, common cold, etc.)	12%
Lung or respiratory issues (asthma, COPD, etc.)	12%
Heart disease	10%
Other mental health issues (PTSD, schizophrenia, bipolar disorder, etc.)	9%
Long COVID (COVID-19 symptoms lasting longer than 4 weeks)	9%
Cancer	9%
Unintentional/accidental injury	6%
Racism, prejudice, or discrimination	5%

Table 12 2024 Pima County Community Health Needs Assessment Survey: Which health issues have the most impact on you and/or the people you live with or care for? (Top 15 most common responses)[31]

Healthy Pima Indicator: Perceived Health & Wellness: self-reported general health status has implications for an individual's happiness and a community's success; % of population with "Good" or better self-rated health

Life Expectancy

The life expectancy of Pima County residents from 2019-2021 was 77.1 years, similar to Arizona (77.5) and people nationally (77.6). Life expectancy in the county decreased from the previous 3-year average (2018-2020) when overall it was 78.5 years, just under the State rate of 79.1, but the same as the US.[49] Hispanic and non-Hispanic White residents have a life expectancy that is near average for the county, while Black and American Indian residents have a comparatively shorter life expectancy. *Figure 9* breaks down life expectancy by race and ethnicity in Pima County.

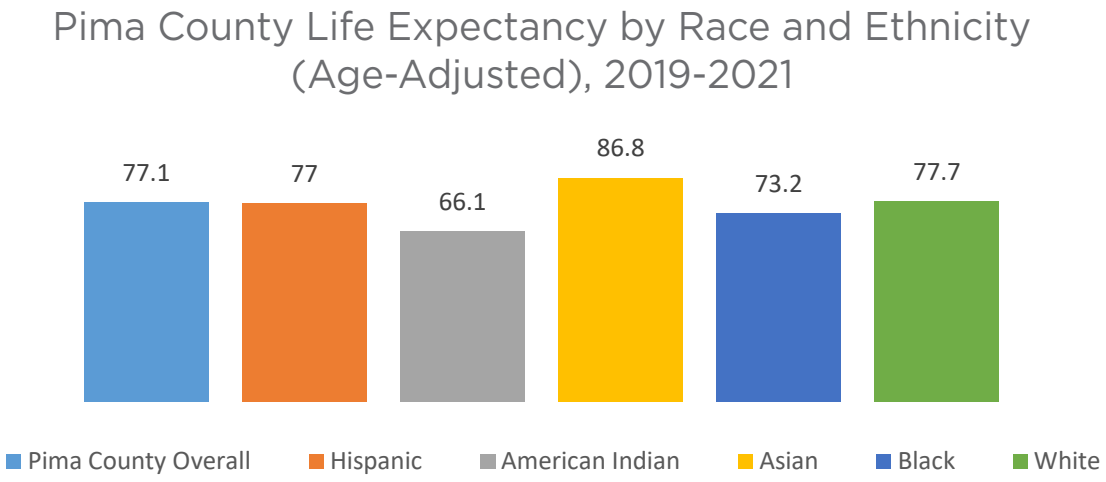


Figure 9 Pima County Life Expectancy by Race and Ethnicity (Age-Adjusted), 2019-2021[49]

Leading Causes of Death

Ten Leading Causes of Death Among Pima County Residents, 2020-2022 by Rank and Rate per 100,000 (Non-Age-Adjusted)[50, 51, 52]			
Rank	**2020[50]**	**2021[52]**	**2022[51]**
1	Major cardiovascular diseases (296)	Major cardiovascular diseases (290)	Major cardiovascular diseases (285)
2	Cancer (197)	Cancer (194)	Cancer (191)
3	COVID-19 (113)	COVID-19 (165)	Non transport accidents* (66)
4	Non transport accidents* (68)	Non transport accidents* (69)	COVID-19 (58)
5	Chronic lower respiratory diseases (52)	Chronic lower respiratory diseases (48)	Chronic lower respiratory diseases (55)
6	Alzheimer's disease (46)	Diabetes (41)	Alzheimer's disease (37)
7	Diabetes (40)	Alzheimer's disease (40)	Diabetes (34)
8	Chronic liver disease and cirrhosis (22)	Chronic liver disease and cirrhosis (26)	Suicide (23)
9	Suicide (21)	Suicide (21)	Other diseases of the respiratory system (21)
10	Influenza and pneumonia (19)	Transport accidents (19)	Transport accidents (19)
*Non transport accidents include drowning, falls, accidental poisoning (drug overdose), accidental discharge of firearms, and exposure to smoke or fire.			

Table 13 Ten Leading Causes of Death Among Pima County Residents, 2020-2022 by Rank and Rate per 100,000 (Non-Age-Adjusted)[50, 51, 52]

Table 13 shows the top ten leading causes of death among Pima County residents and the mortality rate for 2020-2022 (non-age-adjusted). While the mortality rate for each cause varied from year to year, the ranking of the top causes remained relatively consistent. A change in rank does not necessarily mean that the mortality rate of a disease changed over time. COVID-19 was the third leading cause of death from 2020-2021, but the mortality rate per 100,000 population dropped from 165 in 2021 to 66 in 2022. Major cardiovascular diseases and cancer account for a large proportion of deaths each year and consistently remain the top two causes of death. The mortality rate for diabetes was around 40 per 100,000 in 2020-2021 and decreased to 34 in 2022. Chronic liver disease and cirrhosis were the eighth leading cause of death in 2020 and 2021 but fell out of the top ten in 2022. Influenza and pneumonia were the tenth leading cause of death in 2020, with pneumonia being responsible for 92% of the deaths in the category. Transportation-related accidents replaced influenza and pneumonia as the tenth leading cause of death, reflecting a national increase in transportation-related fatalities in recent years despite decades of decline in transportation-related deaths.[53]

Premature Death

Premature death or premature mortality means that someone died before the average age of death. In the U.S., the average age of death used for comparison is 75.[54] Among Pima County residents under age 75, cancer is the leading cause of death (age-adjusted). *Figure 10* shows the leading causes of death for people under 75 from 2019-2021 was cancer, followed by diseases of the heart, accidents (motor and non-motor vehicle accidents), COVID-19 and Diabetes.[49]

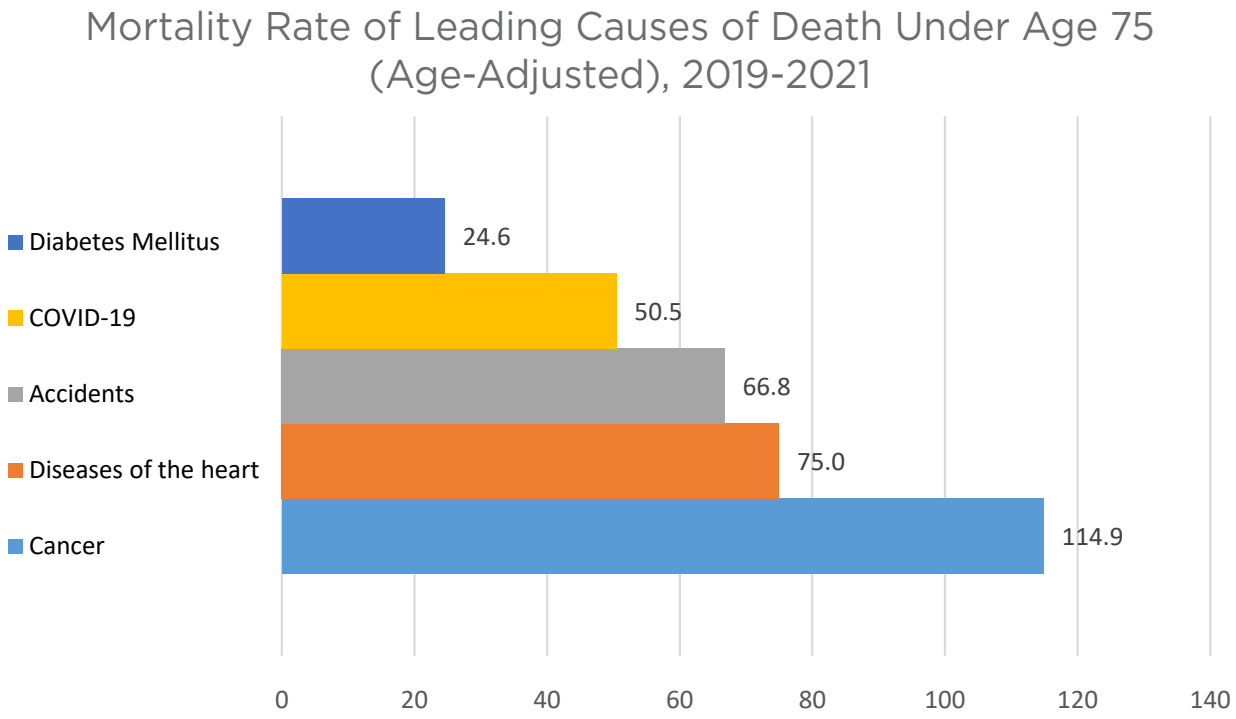


Figure 10 Mortality Rate of Leading Causes of Death Under Age 75 (Age-Adjusted), 2019-2021[49]

The overall premature mortality rate among Pima County residents ages 75 and younger was 430 per 100,000 from 2019-2021 and was higher than the state (410) and national (390) rates (age-adjusted).[49] *Figure 11* shows that Native Hawaiian/Pacific Islander, American Indian and Black Pima County residents have a premature mortality rate higher than the county average, while Asian residents have a premature mortality rate far below the county average.

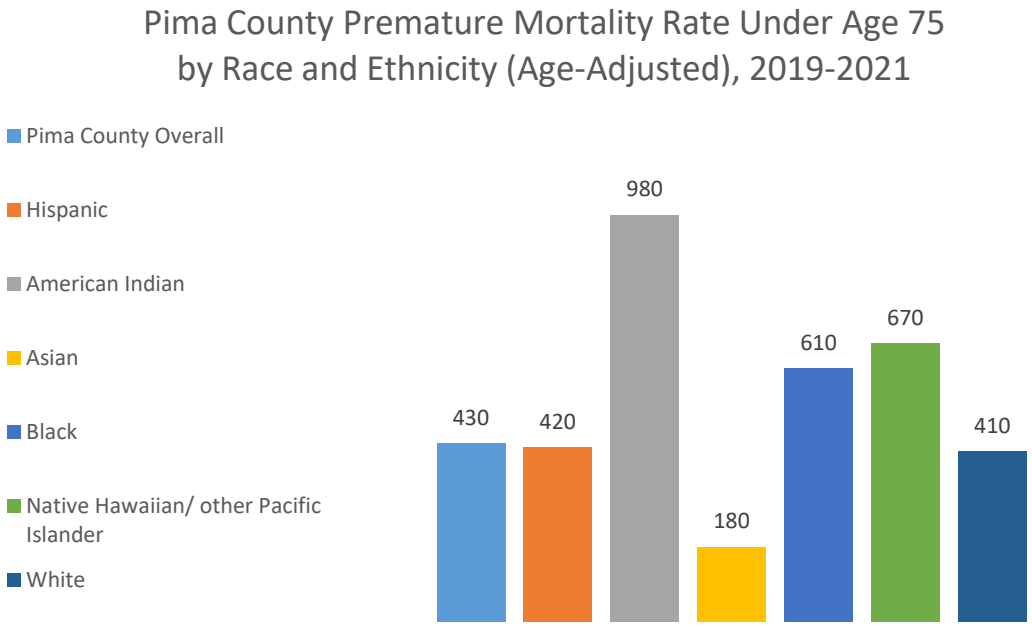


Figure 11 Pima County Premature Mortality Rate Under Age 75 by Race and Ethnicity (Age-Adjusted), 2019-2021[49]

Table 14 shows premature mortality by PCA in Pima County. A higher number means that more people die before the 2022 life expectancy of 77 years old, while a lower number means that people living in that PCA experience fewer premature deaths. Catalina Foothills, Oro Valley, and Green Valley have the lowest percent of premature deaths, while Valencia West and Picture Rocks PCAs experience the highest percent of premature deaths.[55]

Percent of Deaths Before Age 77 by PCA, 2022[55]			
Primary Care Area	**Percent Premature Mortality**	**Primary Care Area**	**Percent Premature Mortality**
Ajo	45.9	Tanque Verde	41.5
Casas Adobes	36.7	Tucson Central	63.3
Catalina Foothills	28.9	Tucson East	47.8
Drexel Heights	57.5	Tucson Estates	52.5
Flowing Wells	60.3	Tucson Foothills	50.9
Green Valley	31.4	Tucson South	60.5
Marana	47.3	Tucson Southeast	53.8
Oro Valley	29.4	Tucson West	50.4
Picture Rocks	68.2	Vail	54.5
Sahuarita	41.2	Valencia West	67.4

Table 14 Percent of Deaths before Age 77 by PCA, 2022[55]

Another measure of premature mortality is years of potential life lost (YPLL) among people under age 75. YPLL is an estimate of the average number of years a person would have lived if they had not died prematurely. It gives more weight to deaths that occur among younger people. From 2019-2021 in Pima County, 9,300 years of life were lost among the under 75 population compared to 8,900 statewide and 8,000 across the U.S.[49] *Figure 12* breaks down years of potential life lost by race and ethnicity in Pima County.

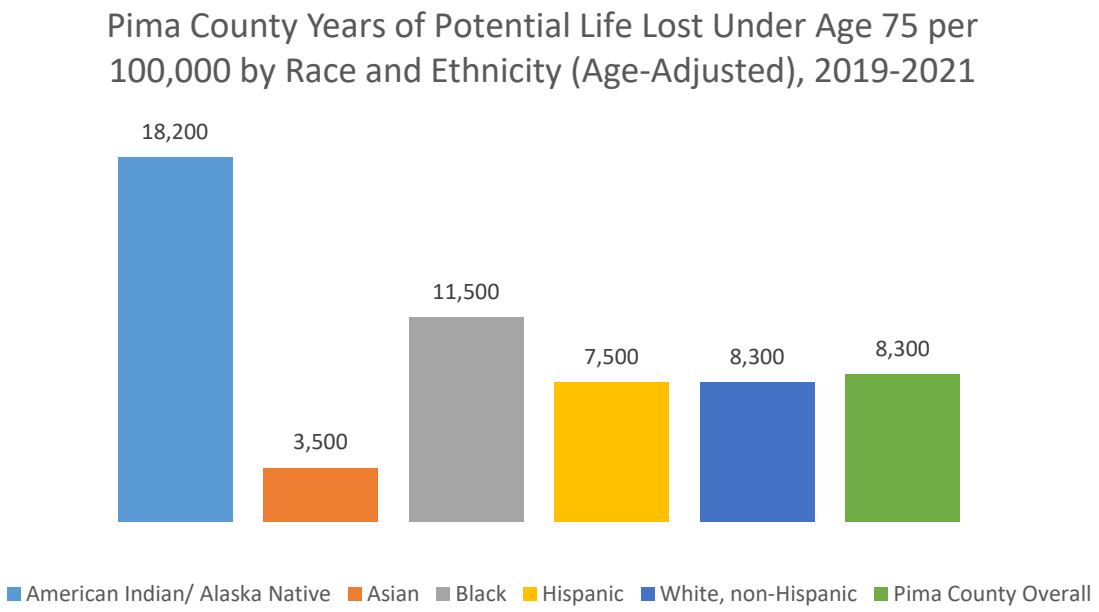


Figure 12 Pima County Years of Potential Life Lost Under Age 75 per 100,000 by Race and Ethnicity (Age-Adjusted), 2019-2021[49]

Trends in Mortality

Number of Deaths Among Pima County Residents[57]				
Year	2020	2021	2022	2023
Number of deaths	12,290	12,821	11,933	11,292

Table 15 Number of Deaths Among Pima County Residents[57]

The age-adjusted death rate in Pima County (870.6) was similar to the state rate (882.6) in 2021. From 2019 to 2021, the age-adjusted death rate in Pima County increased by 25% compared to the state rate which increased by 30%.[56] In 2022, there were 11,933 deaths among Pima County residents, 46% of which were females (*Table 15*).[51] In 2022, most resident deaths occurred in the winter months of November through February. September was the month with the fewest deaths (870) and January was the month with the most deaths (1,290).[57]

Of the 12,957 deaths registered with the Pima County Medical Examiner in 2022, it was determined that 1,544, or 11.9% of deaths were due to non-natural causes. *Figure 13* describes the manner of non-natural deaths showing accidents to be the highest followed by suicide, undetermined, and finally homicide (non-natural causes).[33] For more information on suicides, see the Mental Health Section.

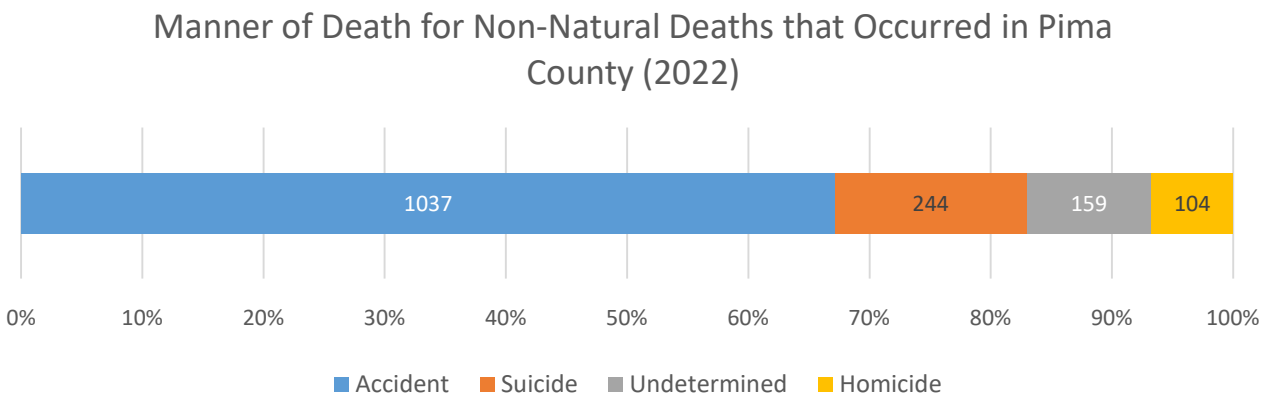


Figure 13 Manner of Death for Non-Natural Deaths that Occurred in Pima County (2022)[33]

Accidents

Accident Deaths in Pima County, 2020-2022[33]			
Year	2020	2021	2022
Number of Accident Deaths	992	1,036	1,037
Accident Death Rate	94.3	97.9	98.0

Table 16 Accident Deaths in Pima County, 2020-2022[33]

Accident deaths include deaths due to motor vehicle crashes, drowning, falls, accidental poisoning (usually drug overdose), accidental discharge of firearms, and exposure to smoke or fire. Among all non-natural deaths in 2022, accidents accounted for nearly seven out of ten (67%) fatalities, and nearly one out of six (16%) non-natural deaths were suicides.[33] Table 16 shows the number and rate of accident deaths in Pima County from 2020-2022. The accident death rate in Pima County in 2021 was 97.9 per 100,000 compared to 78.6 statewide.[33, 58] For more information on motor vehicle and pedestrian deaths, see the SDOH Neighborhood and Built Environment section.

Drug overdose was the leading cause of accidental deaths from 2020-2022 *(Figure 14)*.[33] The Substance Use Disorder section has more information related to substance use.

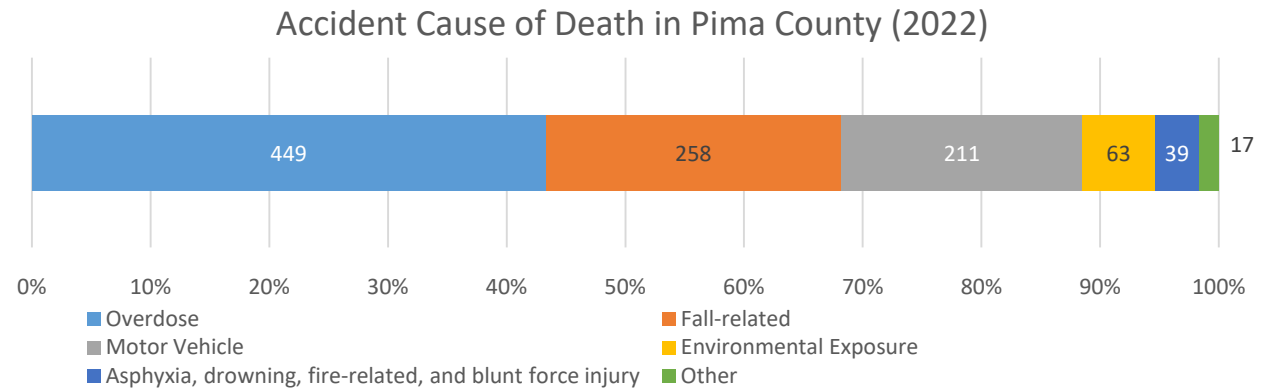


Figure 14 Accident Cause of Death in Pima County (2022)[33]

Healthy Pima Indicator: Mortality from Unintentional Injury: the top causes of mortality from unintentional injury are unintentional overdose, motor vehicle accidents, and falls; Mortality rate per 100,000

Homicides

The Pima County Medical Examiner certified 104 deaths as homicides in 2022, down 13% from 2021, which saw a record number of homicide deaths. *Table 17* shows the number of homicides and death rate for homicides that took place in Pima County from 2020-2022.

Homicides that Occurred in Pima County, 2020-2022[33]			
	2020	2021	2022
Number of homicides	86	119	104
Homicide death rate per 100,000 population	8.2	11.2	9.8

Table 17 Homicides that Occurred in Pima County, 2020-2022[33]

Of all homicides in 2022, 79% were a result of firearms, 18% were a result of blunt or sharp force injuries, and the remaining 3% were a result of physical altercation, strangulation, poisoning, or undetermined cause. Almost half (46%) of homicide victims were 20-39 years old (*Figure 15*) and 77% of victims were male.[33]

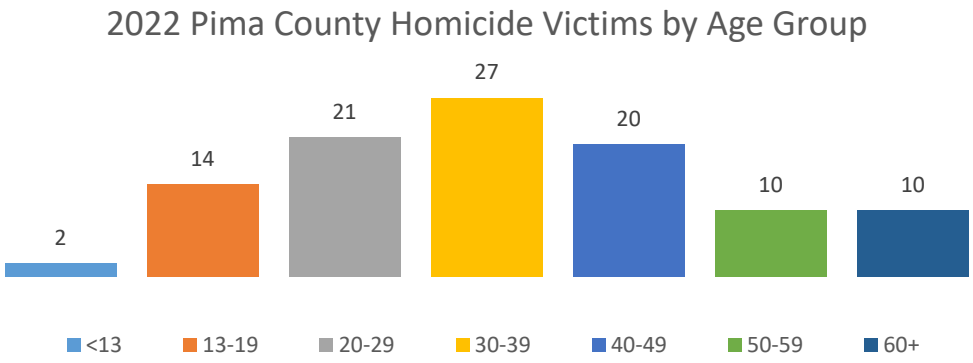


Figure 15 2022 Pima County Homicide Victims by Age Group[33]

2030 Leading Health Indicator: Reduce homicides. Target: 5.5 per 100,000

Migrant Deaths

From 2020-2023, the Humane Border Project reported 628 deaths of undocumented border crossers, defined as "a foreign national who dies attempting to cross the southern Arizona desert without permission from the U.S. government."[59] Because remains can be discovered months or years after the death of a migrant, the number of deaths reflects any remains that were recovered, regardless of the actual date of death. The time between actual death and discovery of the remains is referred to as the postmortem interval. From 2020-2023, 27% of remains discovered were from individuals who were estimated to have a postmortem interval of more than 6-8 months. *Table 18* breaks down the number of undocumented border crosser remains recovered by year.[60]

Number of Undocumented Border Crosser Remains Recovered in Pima County by year (2020-2023)[60]

Year	# of Remains Discovered
2020	178
2021	168
2022	132
2023	150

Table 18 Number of Undocumented Border Crosser Remains Recovered in Pima County, 2020-2023[60]

Of the 190 remains that had an estimated time of death within the past 3 months, 57% were discovered during peak heat months of June-September as shown in *Figure 16*. Among the UBC decedents discovered between 2020 and 2023 for which a cause of death could be determined, six in ten died due to environmental exposure.[60] For more information on heat-related fatalities, see the Climate Change and Resilience section.

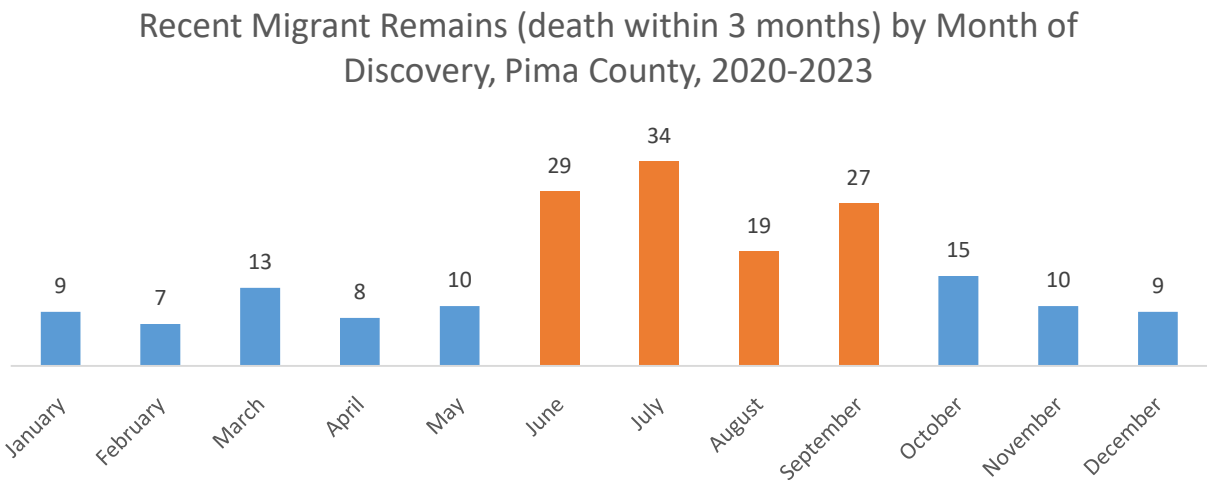


Figure 16 Recent Migrant Remains (death within 3 months) by Month of Discovery, Pima County, 2020-2023[60]

Chronic Disease

Key Takeaways:

- The rate of cancer diagnoses in Pima County is 385 per 100,000 population. The rate of new cases has been decreasing since 1995. Invasive breast cancer among females is the cancer with the highest prevalence per 100,000 (117), followed by prostate cancer (80).
- Nearly one in ten (9.1%) Pima County adults have been diagnosed with diabetes. Despite the rate of new diagnoses decreasing in recent years, diabetes remains the seventh leading cause of death.
- Cardiovascular disease is consistently the leading cause of death among Pima County residents, but the mortality burden is not shared equally among racial and ethnic groups. Compared to the county mortality rate of 187 per 100,000, American Indian and Black residents are killed by the disease at higher rates of 213 and 255, respectively.
- One in three adults in Pima County have obesity, the same percentage of adults nationally.

Cancer

Around one in seventeen adults in Pima County (6.1%) and across the country (6%) have ever been diagnosed with any form of cancer (excluding skin cancer, age-adjusted).[26] While cancer incidence rates have declined across the state since 1995, the cancer rate from 2018-2020 in Pima County rate of 385.2 per 100,000 was higher than the state rate of 368.9.[61] The age-adjusted cancer rate in Pima County differs by sex, with the female cancer rate at 364.5 per 100,000 compared to 413.8 among males.[61] *Figure 17* shows how cancer prevalence and mortality also differs by race and ethnicity.[61] The prevalence of the top ten cancer sites among Pima County residents from 2018-2020 are summarized in *Table 19* (age-adjusted).[61]

Pima County Age-Adjusted Cancer Prevalence per 100,000, 2018-2020[61]

	Cancer Site	Rate
1	Invasive Breast (among females)	116.5
2	Prostate	80.4
3	Lung and bronchus	38.6
4	Cutaneous melanoma	32.3
5	Colorectal	31.9
6	Corpus uteri and uterus, NOS	27.7
7	Other invasive	24.9
8	Urinary bladder	17.8
9	Kidney/Renal pelvis	16.6
10	Non-Hodgkin Lymphoma	14.1

Table 19 Pima County Age-Adjusted Cancer Prevalence per 100,000, 2018-2020[61]

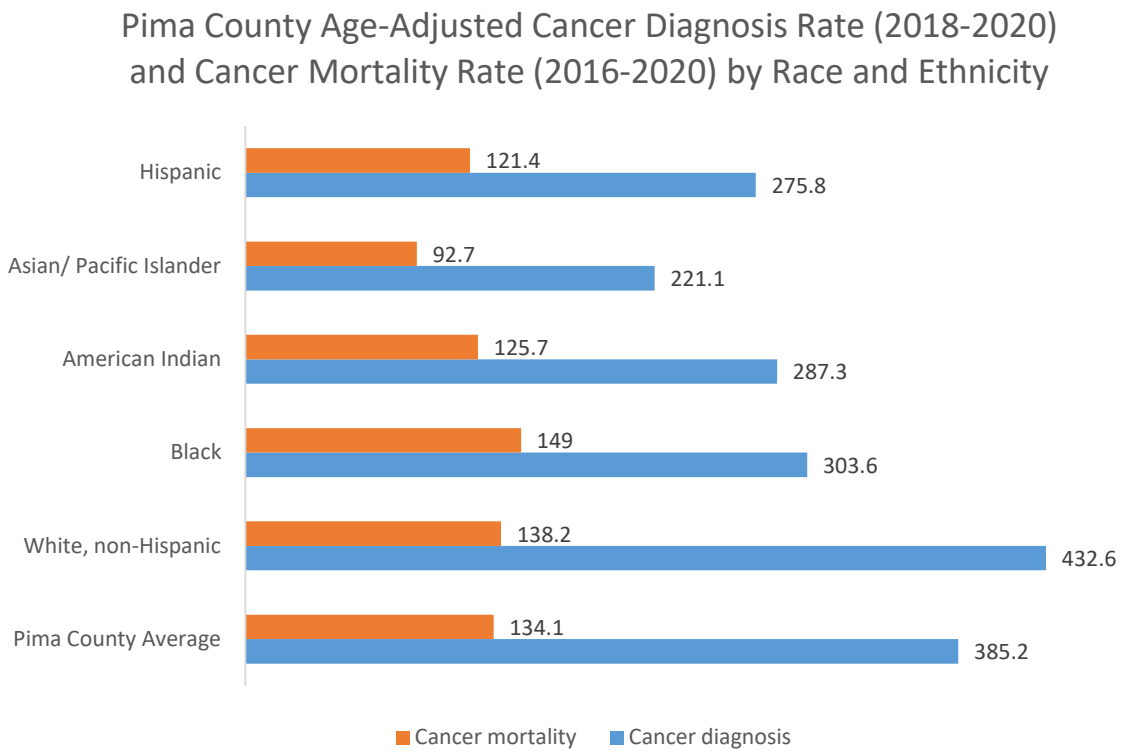


Figure 17 Pima County Age-Adjusted Cancer Diagnosis Rate (2018-2020) and Cancer Mortality Rate (2016-2020) by Race and Ethnicity[61, 62]

Notable Disparity: White, non-Hispanic residents in Pima County have the highest rate of cancer diagnosis across all racial and ethnic groups, while Black residents have the highest cancer mortality rate.[61, 62]

The deadliest form of cancer in Pima County in 2022 was lung cancer with a non-age-adjusted mortality rate of 35.2 per 100,000 population.[51] *Table 20* shows the number of deaths and the mortality rate for the top five cancer sites among Pima County residents[51] and *Figure 17* disaggregates cancer mortality by race and ethnicity.[62] The age-adjusted mortality rate for cancer among women in Pima County from 2016-2020 was 113.3 and 160.4 among males.[62]

Five Leading Types of Cancer by Mortality Rate Among Pima County Residents (non-age-adjusted), 2022[51]		
Cancer Site	Number of Deaths	Mortality Rate per 100,000
Trachea, bronchus, and lung	377	35.2
Other and unspecified cancer	291	27.1
Colon, rectum, and anus	171	15.9
Pancreas	164	15.3
Breast	136	12.7

Table 20 Five Leading Types of Cancer by Mortality Rate among Pima County Residents (non-age-adjusted), 2022[51]

Melanoma, the most serious form of skin cancer, had an age-adjusted incidence rate of 27.4 per 100,000 population among Pima County residents in 2020. The rate of melanoma in Pima County was higher than the state average from 2018-2020, as shown in *Figure 18*.[61]

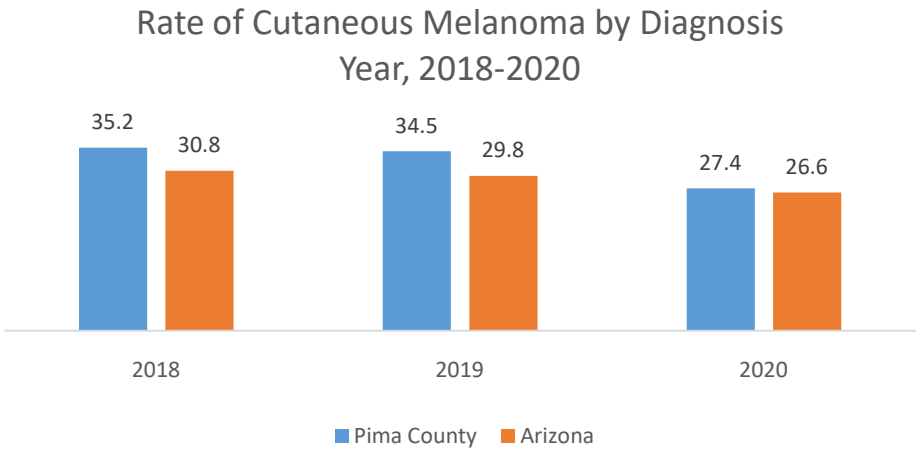


Figure 18 Rate of Cutaneous Melanoma by Diagnosis Year, 2018-2020[61]

Cervical cancer is almost always caused by human papillomavirus (HPV), a vaccine-preventable virus that is sexually transmitted and very common. Screening for cervical cancer with a Pap smear or HPV test helps medical providers assess risk and make diagnoses earlier, improving patient outcomes.[63] The rate of cervical cancer in Pima County in 2020 was 5 per 100,000. *Figure 19* compares the cervical cancer rate in Pima County and Arizona.[61]

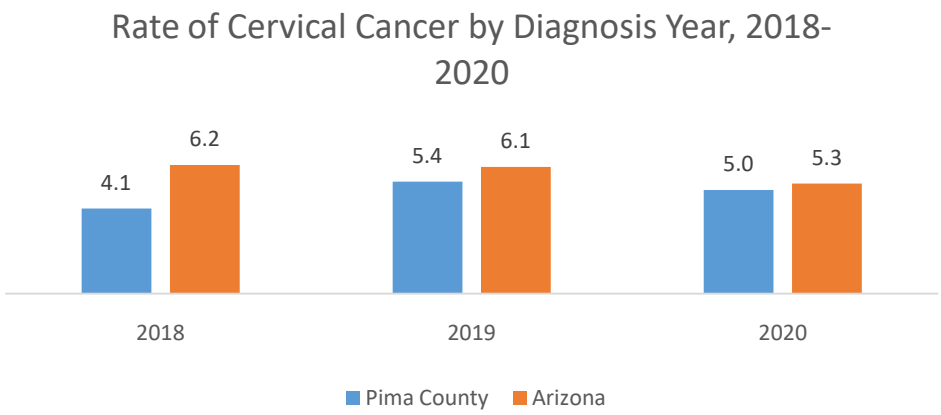


Figure 19 Rate of Cervical Cancer by Diagnosis Year, 2018-2020[61]

Healthy Pima Indicator: Cancer Mortality: highest mortality rates are in lung cancer, female breast cancer, prostate cancer, and colorectal cancer; mortality rate per 100,000

Diabetes

In 2021, 9.1% of Pima County adults ages 18 and older had diabetes compared to 9.9% of adults nationally (age-adjusted).[26] In Pima County in 2021, 8.3% of men ages 20 and older and 7.1% of women ages 20 and older had diabetes (age-adjusted).[64] New diagnoses of diabetes among Pima County residents ages 20 and older have decreased in recent years and are consistently lower than the state average, as shown in *Table 21*.[64]

Newly Diagnosed Diabetes Among Pima County Adults per 1,000 Population (Age-Adjusted)[64]		
	Pima County (adults ages 20+)	Arizona (adults ages 18+)
2017	6.1	7.1
2018	5.4	6.8
2019	4.6	7.0

Table 21 Newly Diagnosed Diabetes Among Pima County Adults per 1,000 Population (Age-Adjusted)[64]

Asset/ Improvement: Between 2011 and 2019, new diagnoses of diabetes among Pima County residents ages 20 and older decreased by 46%.[64]

2030 Leading Health Indicator: Reduce the number of diabetes cases diagnosed yearly. Target: 4.8 new diagnoses per 1,000 population ages 18 and older

In 2022, diabetes was the seventh leading cause of death among Pima County residents (non-age-adjusted).[51] Table 22 shows the diabetes mortality rate (non-age-adjusted) in Pima County and statewide from 2019-2022.[65, 50, 52, 51] Pima County consistently has a higher diabetes mortality rate than the state average despite having a lower rate of new diagnoses.

Diabetes Mortality Rate (non-age-adjusted) 2019-2022[65, 50, 52, 51]		
	Arizona Mortality Rate	Pima County Mortality Rate
2019	30.2	32.7
2020	35.7	39.8
2021	35.1	40.8
2022	32.7	34.0

Table 22 Diabetes Mortality Rate (Non-Age-Adjusted), 2019-2022[65, 50, 52, 51]

Diabetes is a chronic disease that requires intensive management that can be costly and complicated, placing a burden on the individual and the health system. Direct costs of diabetes include costs incurred by inpatient treatment, medication, and physician office visits. Diabetes also contributes to other conditions such as heart disease, lower leg amputations, kidney disease, blindness, and arthritis. Indirect costs associated with diabetes include lost productivity and early disability. In 2019, Pima County hospitals saw 60,198 discharges relating to diabetes and 5,414 discharges directly linked to diabetes as a primary diagnosis. Together, those hospitalizations cost over $2.3 billion dollars in direct and indirect costs.[66]

Heart disease

In 2021, 5.2% of Pima County adults had coronary heart disease, the same proportion as adults nationally (age-adjusted).[26] The age-adjusted death rate for all cardiovascular diseases from 2018-2020 was 187.0 per 100,000 in Pima County, 185.9 in Arizona, and 217.9 across the United States *(Table 23)*.[67] *Figure 20* shows disparities in cardiovascular disease mortality among different races and ethnicities in Pima County per 100,000.[67]

Cardiovascular Disease Morality Rate (Age-Adjusted per 100,000), 2018-2020[67]	
United States	217.9
Arizona	185.9
Pima County	187.0

Table 23 Cardiovascular Disease Morality Rate (Age-Adjusted per 100,000), 2018-2020[67]

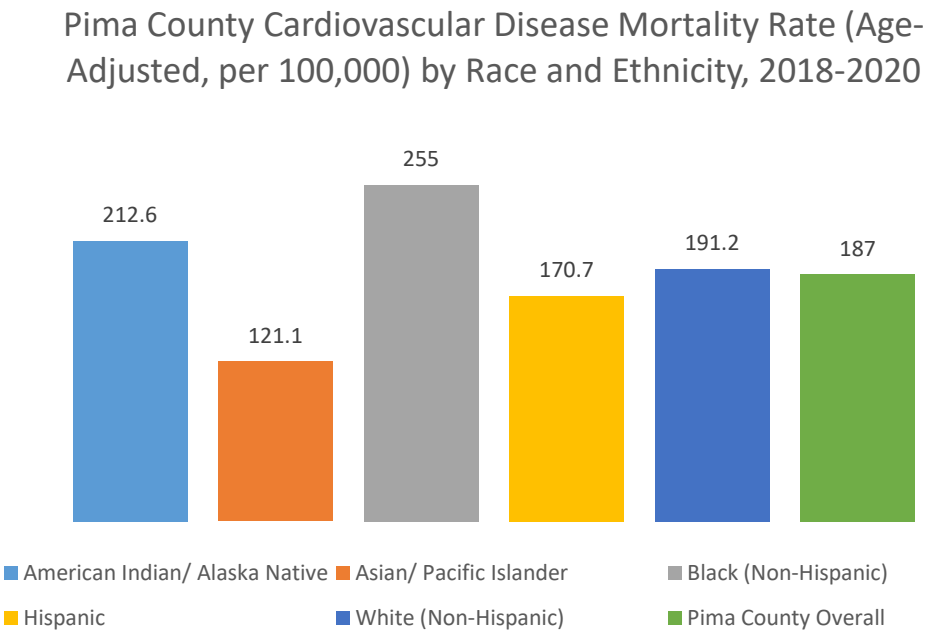


Figure 20 Pima County Cardiovascular Disease Mortality Rate (Age-Adjusted, per 100,000) by Race and Ethnicity, 2018-2020[67]

Notable Disparity: Cardiovascular disease kills Black Pima County residents at a rate 37% higher than the county average and 17% higher than the national average.[67]

Healthy Pima Indicator: Cardiovascular Mortality: includes death due to heart disease stroke, heart failure, atrial fibrillation, and other cardiovascular disease; Mortality rate per 100,000

Stroke

In 2021, 2.8% of adults in Pima County and across the country had experienced a stroke (age-adjusted).[26]

Obesity

Overweight is defined as an adult with a body mass index (BMI) of 25 to <30 and obesity refers to an adult with a BMI of 30 or higher. Body mass index (BMI) uses weight and height to estimate body fat and is interpreted by using standard weight status categories that are the same for both men and women. While BMI is a widely used measure because it correlates body fat as a predictor of future morbidity and death at a population level, it also has its limitations. BMI is a surrogate measure of body fatness because it is a measure of excess weight rather than excess body fat. Factors such as age, sex, ethnicity, and muscle mass can influence the relationship between BMI and body fat. Also, BMI does not distinguish between excess fat, muscle, or bone mass, nor does it provide any indication of the distribution of fat among individuals. Although widely used, other factors, such as fat distribution, genetics and fitness level contribute to an individual's assessment of disease risk.[68]

In 2021, the proportion of adults in Pima County with obesity was 32.9%, similar to the national average of 33.0% (age-adjusted).[26]

Arthritis

In 2021, 22.8% of adults in Pima County had arthritis compared to 22.2% of adults across the country (age-adjusted).[26]

Asthma

In 2021, slightly more adults in Pima County had asthma (10.3%) compared to the statewide percentage (9.7%).[26] Across the county and state, 8.1% of children had asthma in 2021.[69] The age-adjusted rate of emergency department visits related to asthma in Pima County was 22.9 per 10,000 in 2021 compared to 26.1 statewide.[70, 71]

Chronic Disease Risk Factors and Health Behaviors

Key Takeaways:

- On average, Pima County adults seek preventative health services at rates lower than national averages. This is true for routine physicals, visits to the dentist, mammograms, and cholesterol, cervical cancer and colorectal cancer screenings.
- More than a quarter (28.1%) of Pima County adults have high blood pressure. The percentage of adults with high cholesterol (29.7%) is similar.

Chronic disease risk factors include lifestyle habits, genetics, environmental exposures or social circumstances that increase one's likelihood of developing a disease. Some risk factors such as smoking are lifestyle choices that can be changed, while genetic predisposition for a disease is a risk factor that cannot be altered.[72]

Preventative Care

Preventative Services

A key component of preventative medicine includes activities such as screenings aimed at detecting health concerns early. Routine checkups such as cervical cancer screenings and cholesterol readings help health care providers get a sense for overall wellbeing and assess a patient's risk for more serious concerns. Early detection is important for improving health outcomes and treatment options for those diagnosed with chronic health conditions.[73,74]

Oral health care is included in preventative services. Oral health can affect someone's ability to speak, eat, smile, and engage with others, and when oral diseases arise, they can cause pain and disability.[75] For more information on dental health care utilization, see the SDOH: Health Care Quality and Access section.

The percent of adults who get screened for colorectal cancer according to the most recent guidelines is one of the Healthy People 2030 Leading Health Indicators. The Pima County rate of 68.4% meets the 2030 Leading Health Indicator target of 68.3%.[26] *Table 24* compares completion of preventative services among Pima County adults and adults across the country.[26]

Percent of Adults Who Seek Preventative Services (Age-Adjusted)[26]		
	USA	Pima County
Visits to doctor for routine checkup within the past year (2021)	71.8%	66.9%
Visits to dentist or dental clinic (2020)	64.5%	58.0%
Cholesterol screening (2021)	84.3%	82.1%
Mammography among women aged 50-74 (2020)	77.8%	70.9%
Cervical cancer screening among women ages 21-65 (2020)	83.7%	79.9%
Colorectal cancer screening among adults ages 50-75 (2020)	70.6%	68.4%
Men ages 65 and older who are up to date on core set of clinical preventative services incl flu shot, PPV shot, and colorectal cancer screening	44.0%	45.5%
Women ages 65 and older who are up to date on core set of clinical preventative services incl flu shot, PPV shot, colorectal cancer screening, and mammogram	37.4%	38.7%

Table 24 Percent of Adults Who Seek Preventative Services (Age-Adjusted)[26]

2030 Leading Health Indicator: Percent of adults who get screened for colorectal cancer. Target: 68.3%

2030 Leading Health Indicator: Proportion of children, adolescents, and adults who use the oral health care system. Target: 45.0%

Preventable hospital stays

In 2020, 1,817 hospital stays per 100,000 Pima County Medicare enrollees might have been prevented by outpatient treatment. This is lower than the state rate (2,129) and national rate (2,809).[30] A lower rate could indicate that Medicare enrollees are getting more preventive care, which results in fewer expensive and complicated hospital stays.

High blood pressure

In 2021, the age-adjusted prevalence of high blood pressure among Pima County adults was 28.1% compared to 29.6% of adults nationwide.[26] Among Pima County adults who have high blood pressure, 56.4% are taking medication to control their blood pressure compared to 58.9% of adults with hypertension nationwide (age-adjusted).[26] Pima County has one of the lowest hypertension death rates (210.0) compared to other counties in Arizona (243.2 state average).[67]

2030 Leading Health Indicator: Percent of adults with hypertension whose blood pressure is under control. Target: 18.9%

High Cholesterol

A surplus of bad cholesterol in the body puts people at risk for heart disease and stroke.[76] In 2021, 82.1% of Pima County adults reported that they had their cholesterol checked in the past five years compared to 84.3% of adults nationwide (age-adjusted).[26] Among those who have been screened in the past five years, 29.7% of Pima County adults have high cholesterol compared to 31.0% of adults nationwide in 2021 (age-adjusted).[26]

Physical Activity

In 2022, 25% of Pima County adults reported that they did not do any physical activity during leisure time compared to 23.0% of adults nationally (age-adjusted).[27] Almost half (45%) of respondents to the 2024 Pima County CHNA Survey stated they had "very good" access to safe spaces for walking, biking, and exercising.[31]

2030 Leading Health Indicator: Proportion of adults who do enough aerobic and muscle-strengthening activity. Target: 29.7%

Diet

Research shows that diet is closely linked to chronic diseases, but data at a county level are limited.[77] For more information on SNAP participation, access to healthy foods, and the food environment, see the SDOH: Economic Stability section.

Healthy Pima Indicator: Access to healthy foods: food insecurity is the inconsistent access to adequate food for an active, healthy life; % of population is food insecure

2030 Leading Health Indicator: Reduce consumption of added sugars by people aged 2 years and older. Target: 11.5% of calories from added sugars

Sleep

Sleep is a risk factor for chronic diseases because insufficient amounts or quality of sleep can increase the risk of developing diseases such as type 2 diabetes, cardiovascular disease, obesity and depression.[78] In 2020, 34.0% of Pima County adults reported that they get less than seven hours of sleep compared to 33.3% of adults nationally (age-adjusted).[26]

Mental Health

Key Takeaways:

- In 2022, nearly one quarter (24.1%) of Pima County adults reported that they had been diagnosed with depression.
- The suicide rate in Pima County was 23.6 in 2019 and has trended downwards, with a suicide rate of 19.4 in 2023. Suicide fatality is highest among men, Native Americans, Whites, and those between the ages of 75-84. Among the 2023 suicide deaths investigated by the medical examiner, 65% were the result of use of a firearm.

Poor Mental Health Days

In 2021, the average Pima County adult reported that their mental health was not good for 5.2 days over the past month compared to 4.9 in Arizona and 4.8 days nationwide.[30] In 2022, 19% of adults said they experienced poor mental health for 14 or more days over the same time period compared to 16% nationwide.[27] In 2023, one in ten (10%) of SDOH respondents at El Rio Health stated they felt stressed (tense, restless, nervous, or anxious, or unable to sleep at night because their mind is troubled all the time) compared to nearly one in eight (12%) in 2022 and 2021.[79] As shown in *Table 12*, anxiety, depression, chronic stress, and other mental health issues were part of the fifteen most common responses to the 2024 Pima County CHNA Survey question, "Which health issues have the most impact on you and/or the people you live with or care for?" Additionally, these were the most frequent health priorities for the 64 individuals identifying as lesbian, gay, bisexual or questioning.[31]

Depression

In 2022, nearly one quarter (24.1%) of Pima County adults reported that they had been diagnosed with depression compared to 20.7% of adults nationally (age-adjusted).[26]

Suicide

From 2021-2023, there were 18,509 encounters in Pima County hospitals relating to suicide attempts or suicidal ideation. The rate of suicide-related hospitalizations and emergency room visits in Pima County and across the state is displayed in *Table 25*. From 2021-2023, females accounted for slightly less than half (45.3%) of all suicide-related events, but only one in five suicide deaths (20.8%).[80] National data suggest that men tend to use more deadly methods such as firearms to attempt suicide as compared to women. Despite the fact that women attempt suicide more often, men have a higher suicide mortality rate.[81] *Figure 23* shows the method used in suicide deaths in Pima County (all genders) in 2023.

From 2021-2023, 677 Pima County residents died by suicide and the county had a similar suicide mortality rate (21.2 per 100,000) to the state rate (20.7) *(Table 26)*. *Figure 21* and *Figure 22* break down the suicide mortality rate by race, ethnicity, and age. Suicide fatality is highest among American Indians and Whites and those between the ages of 75-84.[80]

Rate of Suicide-Related Events per 100,000 Emergency Room Visits, 2021-2023[80]		
	Pima County	Arizona
ER visit rate	1,072	1,140
Hospitalization rate	2,385	2,026

Table 25 Rate of Suicide-Related Events per 100,000 Emergency Room Visits, 2021-2023[80]

Number of Suicides and Suicide Mortality Rate, 2019-2023 [80]			
	Number of Suicide Deaths - Pima County	Suicide Death Rate - Pima County	Suicide Death Rate - AZ
2019	247	23.6	19.7
2020	223	21.3	19.0
2021	225	21.3	20.3
2022	244	22.8	21.6
2023	208	19.4	20.0

Table 26 Number of Suicides and Suicide Mortality Rate, 2019-2023[80]

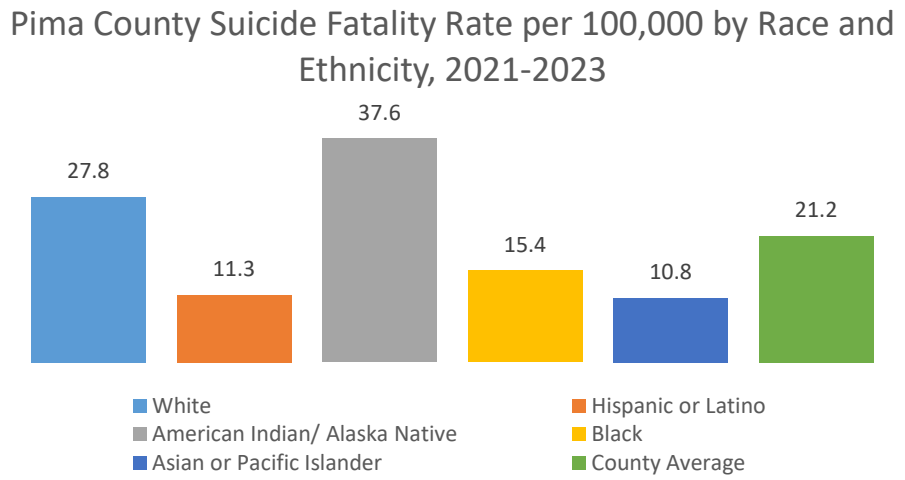


Figure 21 Pima County Suicide Fatality Rate by Race and Ethnicity, 2021-2023[80]

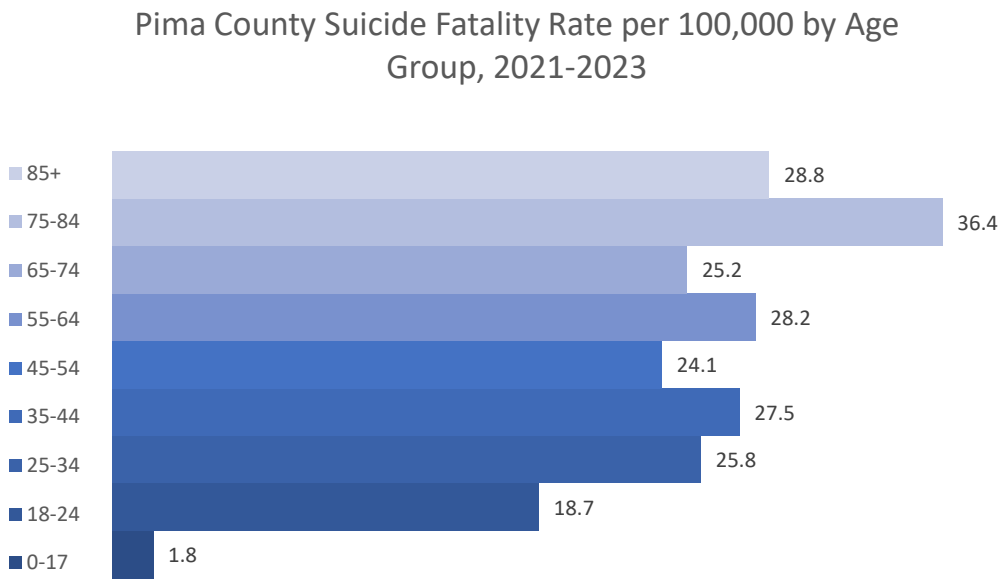


Figure 22 Pima County Suicide Fatality Rate by Age Group, 2021-2023[80]

Notable Disparity: Pima County residents aged 75-84 are at the highest risk for suicide among all age groups with a suicide rate 71.7% higher than the overall suicide rate for the county.[80]

2030 Leading Health Indicator: Reduce the suicide rate. Target: 12.8 per 100,000

In 2023, 65% of the suicides investigated by the Pima County Medical Examiner were caused by firearms. *Figure 23* shows the cause of death for all 2023 suicide deaths.[29]

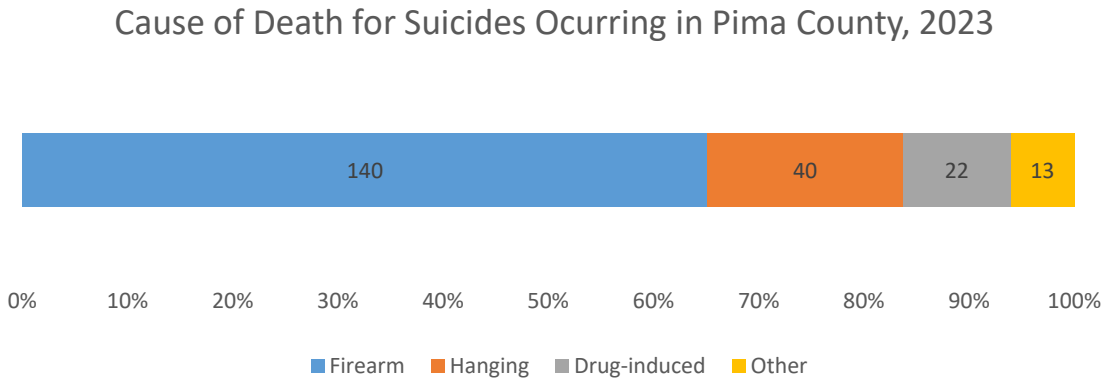


Figure 23 Cause of Death for Suicides Occurring in Pima County, 2023[29]

For information on mental health care access, see the SDOH: Health Care Access and Quality section.

Substance Use

Key Takeaways:

- The overdose mortality rate in Pima County has been increasing steadily since 2018 and is higher than state and national mortality rates.
- The share of deaths attributed to fentanyl has sharply increased since 2018; fentanyl is now the number one drug involved in overdose deaths, followed by methamphetamine.
- From 2021-2023, males accounted for nearly three-quarters of overdose deaths (72%) and people ages 30-59 accounted for 65% of overdose deaths over the same time period.
- While opioid deaths peak between ages 35-44, overdoses involving methamphetamine peak among adults ages 50-59.

Alcohol Use

Excessive drinking is a risk factor for many different health outcomes, including alcohol poisoning, hypertension, heart attacks, sexually transmitted infections, sudden infant death syndrome, suicide, interpersonal violence, sexual assault, and vehicle crashes.[30, 82]

In 2021, nearly one in five (18%) Pima County adults ages 18 and older (age-adjusted) reported binge or heavy drinking compared to 19% of Arizonans and 18% of adults nationwide.[30] Binge drinking is defined as a woman consuming more than four alcoholic drinks or a man consuming more than five alcohol drinks during a single occasion. Heavy drinking is defined as a woman drinking more than one drink on average per day, or a man drinking more than two on average per day.[30]

2030 Leading Health Indicator: Reduce the proportion of people aged 21 years and over who engaged in binge drinking in the past month. Target: 25.4%

An alcohol-induced death, as defined by Arizona Department of Health Services, is a death where the cause was attributable to mental and behavioral disorders due to alcohol use, degeneration of the nervous system due to alcohol use, alcoholic liver disease, and other acute and chronic diseases associated with consumption of alcohol.[83] *Table 27* shows the number of alcohol-induced deaths from 2020-2022.[50, 52, 51] In 2022, men accounted for 75% of alcohol-induced deaths.[51]

Number of Alcohol-Induced Deaths per Year Among Pima County Residents[50, 52, 51]		
2020	2021	2022
223	234	193

Table 27 Number of Alcohol-Induced Deaths per Year Among Pima County Residents[50, 52, 51]

In 2021, the rate of inpatient discharges with alcohol abuse listed as the primary diagnosis in Pima County was 17.5, while the state rate was 13.3 *(Table 28)*. Pima County hospitals also see a higher rate of alcohol-related emergency room visits compared to the state average *(Table 29)*.[84] Alcohol sales may also be associated with higher rates of violence. A 2018 geospatial analysis of Tucson liquor licenses and violent crime showed that reports of physical and sexual violence are higher in areas with an elevated concentration of liquor licenses.[85]

Rate of Discharges of Inpatients with Alcohol Abuse Listed as First-Listed Diagnosis per 10,000 population [84]			
Year	2019	2020	2021
Pima County	19.3	19.5	17.5
Arizona	12.5	12.9	13.3

Table 28 Rate of Discharges of Inpatients with Alcohol Abuse Listed as First-Listed Diagnosis per 10,000 population[84]

Rate of Emergency Room Visits with Alcohol Abuse Listed as First-Listed Diagnosis per 10,000 population [84]			
Year	2019	2020	2021
Pima County	20.9	17.2	15.9
Arizona	18.0	16.4	17.7

Table 29 Rate of Emergency Room Visits with Alcohol Abuse Listed as First-Listed Diagnosis per 10,000 population[84]

Smoking

Cigarette smoking is the leading cause of preventable disease, disability, and death in the U.S. and contributes to one in five deaths nationally.[86] In 2021, 15% of adults in Pima County were current cigarette smokers compared to 14% of adults in Arizona and 15% of U.S. adults.[30]

E-cigarettes are considered tobacco products because most of them contain nicotine, which comes from tobacco. Use of e-cigarettes influences memory and attention, introduces harmful chemicals and heavy metals directly into the lungs, and can lead to long-term addiction.[87] In 2023, 5.9% of Pima County adults reported using either e-cigarettes or vapes in the last month.[88]

2030 Leading Health Indicator: Reduce cigarette smoking in adults. Target: 6.1%

Drug Use

Drug-induced deaths include those caused by accidental overdose or poisoning, suicide, or homicide due to exposure to any drug or medication. In 2022, the Arizona Department of Health Services recorded 476 drug-induced deaths among Pima County residents, 28.5% of which were female.[51] Between 2020 and 2022, seven out of ten deaths were among males, as shown in *Figure 24*.[50, 52, 51] The overdose mortality rate involving any substance was 50.2 per 100,000 in Pima County from 2018-2021.[32] According to Pima County Medical Examiner records, the overdose death rate in Pima County increased by 103.5% from 2012 (23.0) to 2022 (46.8).[33] *Figure 25* shows the overdose mortality rate in Pima County compared to Arizona and the U.S. Since 2010 the overdose mortality rate in Pima County has been higher than the state rate and significantly higher (30-60%) than the national rate.[32]

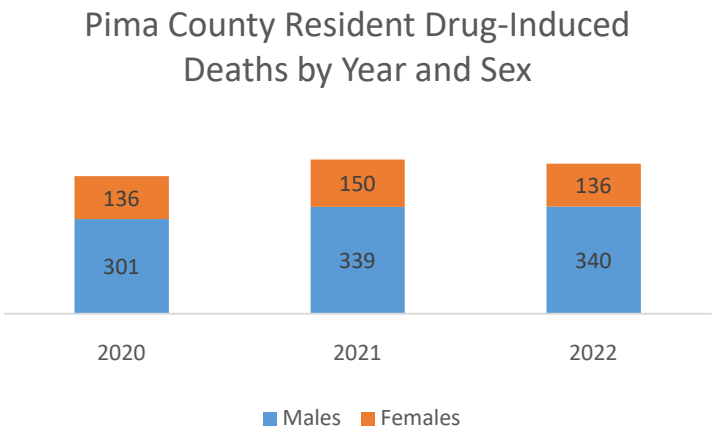


Figure 24 Pima County Resident Drug-Induced Deaths by Year and Sex[50, 52, 51]

Data Limitation: "Drug-induced death" is an official term used by the Arizona Department of Health Services throughout their vital statistics reports. While this is the official phrase used by the agency, "substance-related death" is a term which supports a harm-reduction approach to substance use.

Notable Finding: According to Pima County Medical Examiner records, the overdose death rate in Pima County increased by 103.5% from 2012 (23.0) to 2022 (46.8).[33]

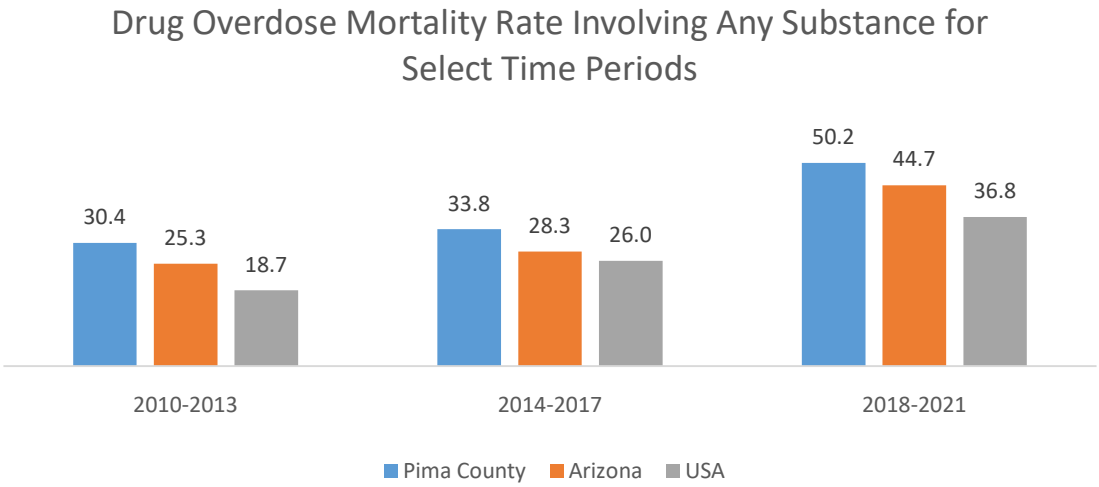


Figure 25 Drug Overdose Mortality Rate Involving Any Substance for Select Time Periods[32]

2030 Leading Health Indicator: Reduce drug overdose deaths. Target: 20.7 deaths per 100,000

Overdose deaths involving fentanyl have increased significantly since 2018. Fentanyl was the most common drug involved in overdose deaths from 2020-2023 followed by methamphetamine (data for 2023 are shown in *Figure 26*).[29] It is common for multiple drugs to be involved in an overdose, also referred to as polydrug use. Multiple substances were involved in more than half (53%) of overdose deaths in Pima County from 2020-2023.[29]

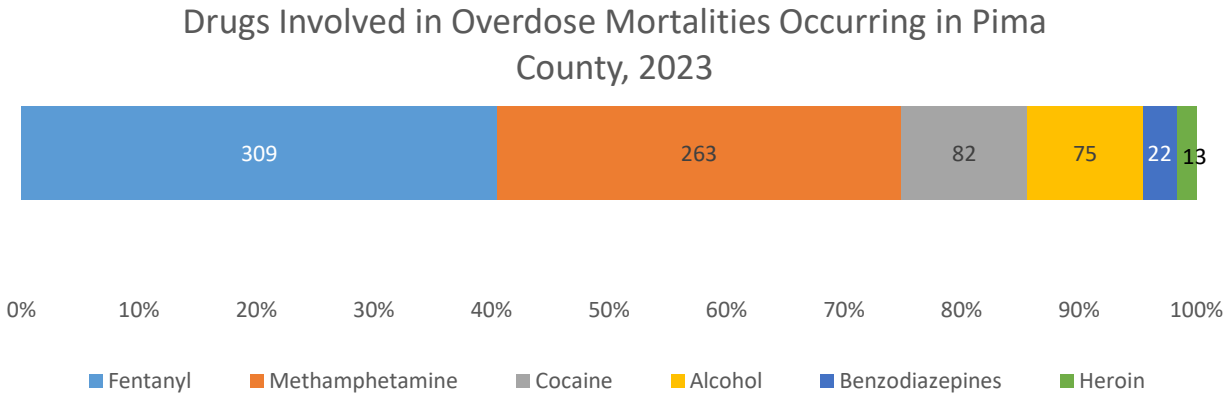


Figure 26 Drugs Involved in Overdose Mortalities Occurring in Pima County, 2023[29]

Data Limitation: While the number of overdose deaths involving heroin has been decreasing since 2020, it is important to note that deaths involving heroin may be underreported. This is because heroin is rapidly metabolized to morphine by the body, potentially resulting in a cause of death classification of morphine intoxication or opiate (unspecified) intoxication.[33]

Opioid Use

An opioid is a class of drug that includes both prescription pain relievers such as hydrocodone, oxycodone, and morphine, as well as heroin and synthetic opioids such as fentanyl.

There were 7,953 inpatient hospitalizations and emergency room visits relating to opioid usage among Pima County residents in 2022, resulting in $339,600,000 in medical costs. The rate of opioid-related hospitalization and ER visits in Pima County for the same year was the second highest in the state at 741.7 compared to the state average of 698.6 per 100,000.[89]

The rate of non-fatal opioid overdose events in Pima County in 2022 was 58.7 compared to the state average of 46.2. In 2022, Pima County had the highest non-fatal opioid overdose rate and 4th highest opioid fatality rate in the state *(Table 30)*.[89]

From 2020-2023, 1,308 Pima County residents lost their lives due to opioid overdose. The opioid overdose death rate in Pima County is consistently higher than the state average, peaking at 32.9 in 2021.[90]

Number and Rate of Opioid Overdose Deaths, 2020-2023[90]

	Number of Opioid Overdose Deaths	Opioid Overdose Death Rate (Pima County)	Opioid Overdose Death Rate (Arizona)
2020	309	29.6	26.3
2021	348	32.9	27.7
2022	334	31.1	25.8
2023	330	30.8	25.9

Table 30 Number and Rate of Opioid Overdose Deaths, 2020-2023[90]

In 2022, 66% of opioid overdose deaths occurred among residents ages 25-54. People ages 35-54 have the highest mortality rate associated with opioid overdoses (63 per 100,000) *(Figure 27)*. Pima County males accounted for almost three quarters (72.5%) of the 334 opioid overdose deaths in 2022.[90]

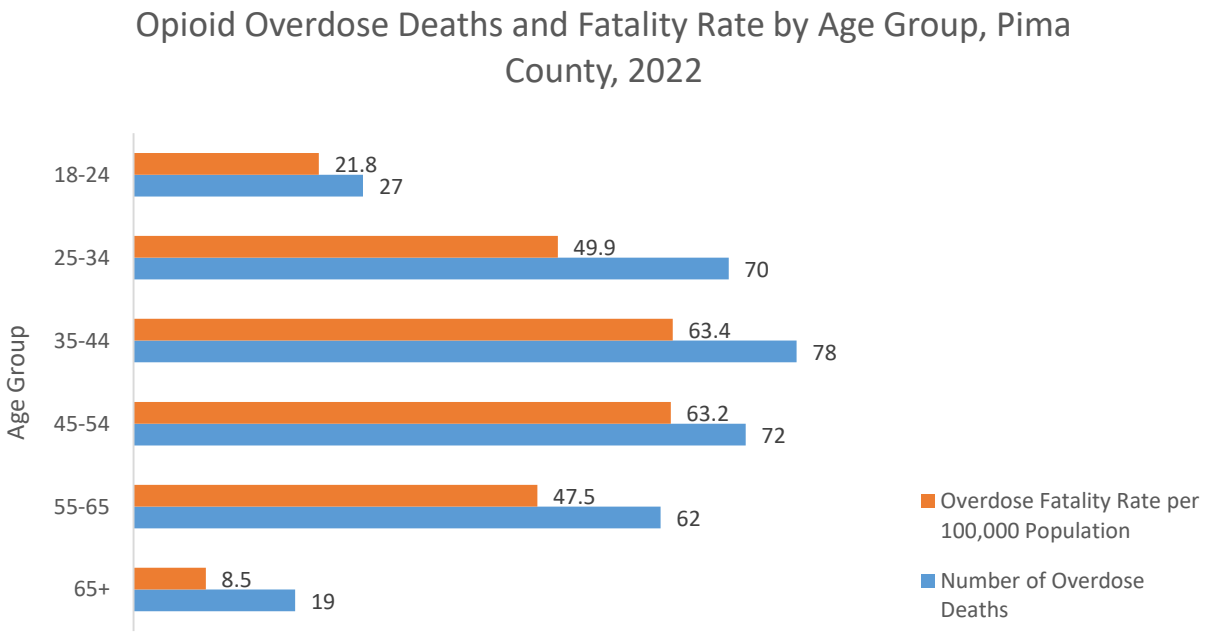
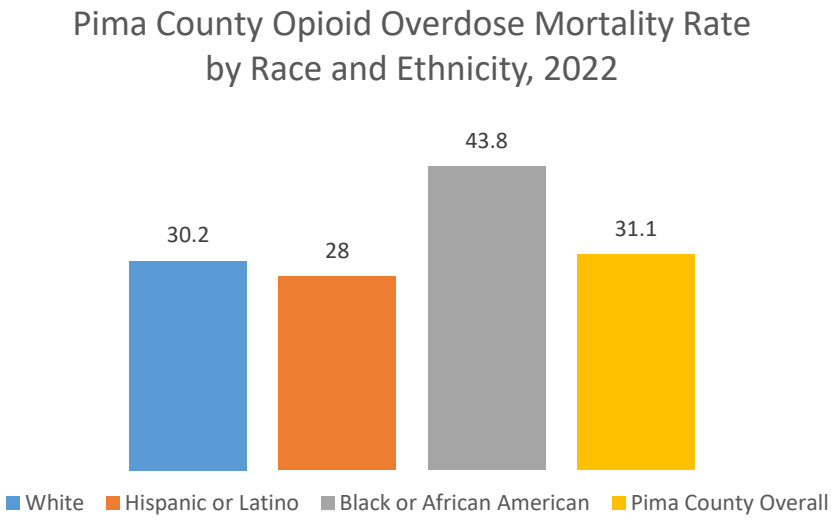


Figure 27 Opioid Overdose Deaths and Fatality Rate by Age Group, Pima County, 2022[90]

In addition to distinctions by age and sex, opioid overdose death rates differ by race and ethnicity (as seen in *Figure 28* for 2022).[90] White and Hispanic residents have an opioid overdose death rate slightly lower than the county average of 31.1 while Black residents experience an outsized mortality burden at 43.8 deaths per 100,000. While Black residents died from opioid overdoses at a rate higher than other racial and ethnic groups, this does not necessarily mean that Black residents used opioids at a higher frequency than other racial or ethnic groups.

Data Limitation: Data on drug misuse and non-deadly overdoses are limited due to the nature of how these events are reported. Overdose reporting by hospitals or first responders misses those nonfatal overdoses that occur in the community where 9-1-1 is not contacted. Community members often reverse opioid overdoses without contacting first responders, leading to underreporting of these events and lack of reporting by race and ethnicity.



**Asian or Pacific Islander and American Indian or Alaska Native racial groups suppressed due to small population Figure 28*

Figure 28 Pima County Opioid Overdose Mortality Rate by Race and Ethnicity, 2022[90]

Notable Disparity: The rate of Black residents dying from opioid overdose is 40% higher than the county average.[90]

While the proportion of drug overdose deaths involving opioids has remained relatively consistent from 2017 to 2023 (66%), the proportion of overdose deaths involving the opioid fentanyl have increased significantly.[29] Fentanyl is a synthetic opioid that is about 100 times more potent than morphine and 50 times more potent than heroin. In recent years, its illegal use has skyrocketed and is now a contributing factor in most drug overdose deaths.[91] Fentanyl was involved in just 6% of overdose deaths in 2016 and rose to 58% of overdose deaths in 2023 *(Figure 29)*.[29]

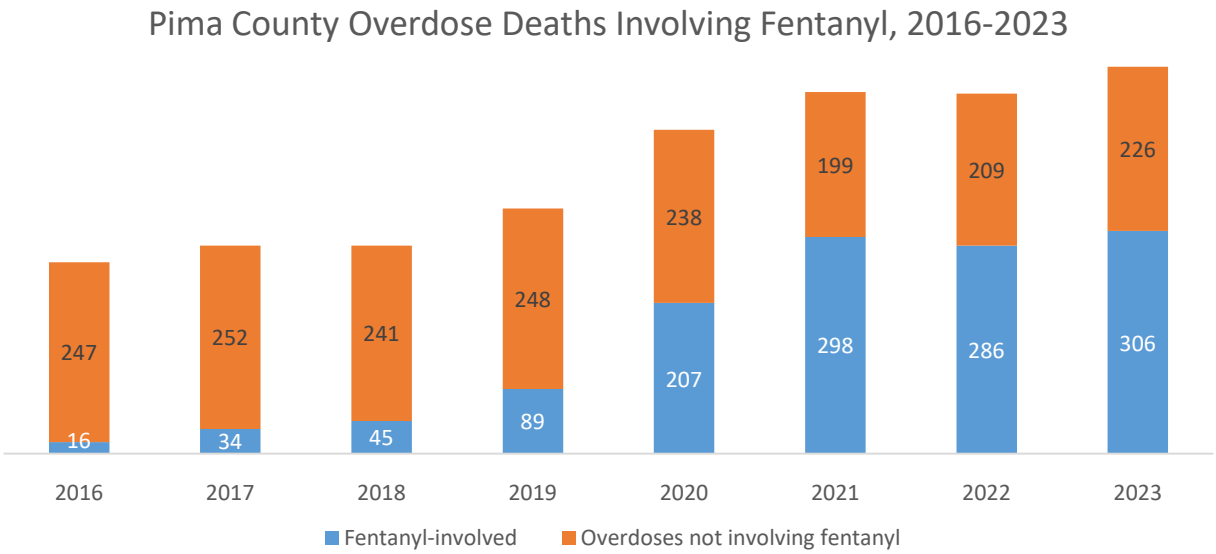


Figure 29 Pima County Overdose Deaths Involving Fentanyl, 2016-2023[29]

Notable Finding: The number of overdose deaths in Pima County involving fentanyl increased by 1,813% from 2016 to 2023.[29]

Naloxone is a life-saving medication used to rapidly reverse an opioid overdose.[92] Pima County first responders used naloxone in 87% of their responses for suspected opioid overdose in 2022.[89]

Methamphetamine Use

In 2023, methamphetamines were involved in 263 overdose deaths that occurred in Pima County, the second leading substance involved in drug mortalities behind fentanyl.[29] In 2023, 27% of decedents were female. In 38% of deaths, methamphetamine was the only drug involved, while 62% of methamphetamine overdoses also involved other drugs. *Figure 30* shows the number of deaths due to methamphetamine use has risen in Pima County from 2020-2023 and *Figure 31* breaks down methamphetamine deaths by age group in 2023. Adults ages 50-59 experienced the highest number of overdose fatalities.

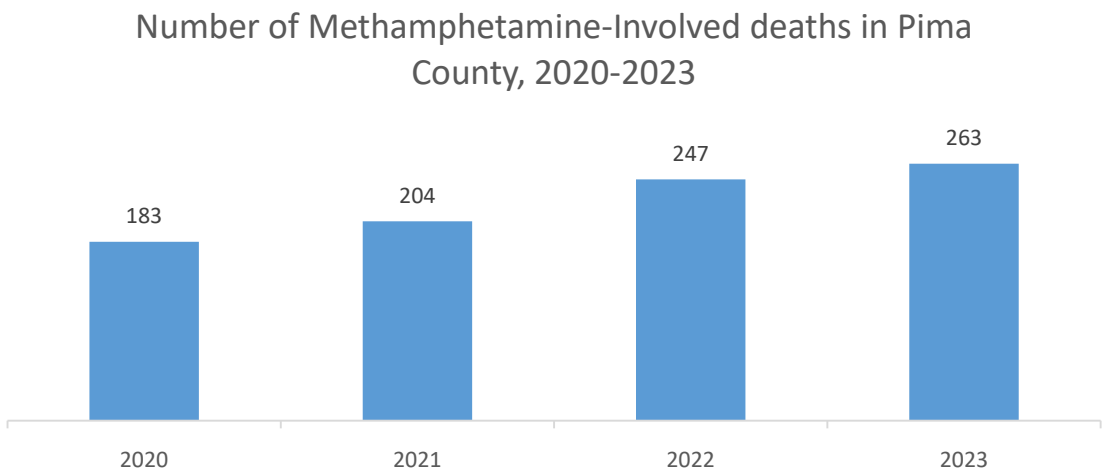


Figure 30 Number of Methamphetamine-Involved Deaths in Pima County, by year, 2020-2023[29]

Notable Finding: While opioid deaths peak between ages 35-44, overdoses involving methamphetamine peak among adults ages 50-59.

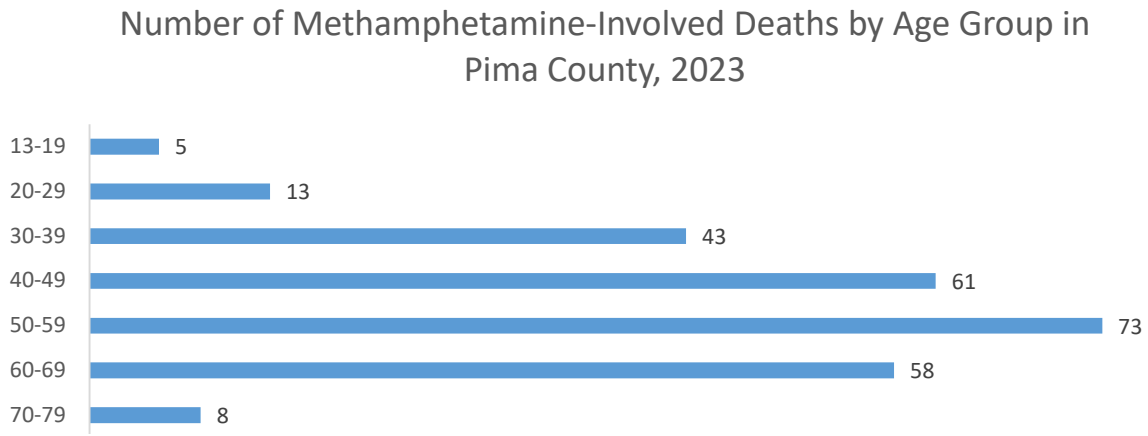


Figure 31 Methamphetamine Overdose Fatalities By Age Group, Pima County, 2023[29]

Methamphetamine use can also contribute to mortality beyond overdose deaths. Among the 51 pedestrian fatalities in 2022 that received a toxicology test, 30 (59%) had a positive screening for methamphetamine. The second most common substance detected in toxicology reports was fentanyl, followed by alcohol.[33] For more information regarding motor vehicle deaths, please see the Health Status and Mortality and the SDOH Neighborhood and Built Environment sections.

For more information on access to substance use disorder treatment, see the SDOH: Health Care Access and Quality section.

Infectious Diseases

Key Takeaways:

- The number of RSV and Flu cases have increased since 2019 and the uptake of flu vaccines among Medicare enrollees dropped from 2020 to 2021.
- Children entering kindergarten have higher vaccination rates for required immunizations than kindergartners statewide despite a decrease in vaccinations for this age group between 2019 and 2023.
- The rate of Valley Fever has declined since 2020.
- New tuberculosis diagnoses are lower than the state and national rates.

COVID-19

From March 2020 to March 2023 in Pima County, there were 339,528 cases of Coronavirus Disease 2019 (COVID-19), 16,945 related hospitalizations, and 4,431 deaths due to COVID-19 *(as shown in Table 31)*. Since January of 2022, cases have continued to drop across all months, as have hospitalizations and deaths. There was a decrease of 255 hospitalizations between December 2022 to December 2023. As seasonal severity (number of cases during times of high infection) has also decreased, there has been a trend in decreased deaths overall. From March 2020 to March 2024, most cases occurred in adults ages 20-44 while hospitalizations and deaths were concentrated in adults ages 65 and older.[93] While Hispanic/Latinos had the highest percentage of cases, White non-Hispanics had the highest percentages of hospitalizations and deaths as seen in *Table 32*. Females also had higher rates of cases overall but lower hospitalizations and deaths than males *(Figure 32)*.

Percentage of COVID-19 cases, hospitalizations and deaths, since March 2020 for age categories in Pima County as of 3/27/2024[93]

	Ages 0-11	12-19	20-44	45-54	55-64	65+	Unknown	Total number
Case Count	9.0%	10.2%	42.2%	12.7%	11.2%	15.3%	0.0%	339,528
Hospitalizations	3.5%	2.2%	19.1%	11.2%	16.4%	49.1%	0.0%	16,945
Deaths	0.0%	0.0%	4.0%	5.7%	13.8%	76.9%	N/A	4,431

Table 31 Covid-19 Cases, Hospitalizations and Deaths, since March 2020 for age categories in Pima County as of 3/27/2024[93]

Percentages of COVID-19 Cases, Hospitalizations and Deaths, in Pima County from 1/14/2020 to 3/27/2024[93] with comparison to county demographic percentages[8]				
	Cases	Hospitalizations	Deaths	Countywide race and ethnicity percentages
Unknown	11%	8%	3%	N/A
Other non-Hispanic	6%	4%	4%	<0%
Asian/Pacific Islander	1%	1%	1%	3%
Black, non-Hispanic	2%	3%	3%	3%
Native American	3%	3%	3%	2%
Hispanic or Latino	38%	36%	31%	38%
White, non-Hispanic	35%	45%	56%	50%

Table 32 Percentages of COVID-19 Cases, Hospitalizations and Deaths, in Pima County from 1/14/2020 to 3/27/2024[93] with comparison to county demographic percentages[8]

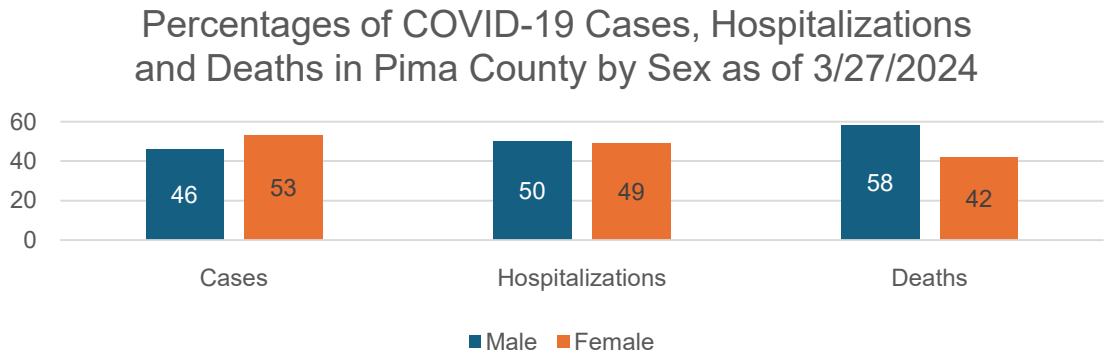


Figure 32 Percentages of COVID-19 Cases, Hospitalizations and Deaths in Pima County by Sex as of 3/27/2024[93]

Data Limitation: Not as many COVID-19 cases are reported to health authorities as compared to the earlier years of the pandemic and therefore may not be reflected in the data above.

Pima County's yearly COVID-19 mortality rate has been consistently lower than that of Arizona's *(Table 33)* yet both the State and County mortality rates decreased by over 60% from 2021 to 2022. According to a national study looking at COVID-19 policies and behaviors from January 1, 2020 to July 31, 2022, Arizona's standardized cumulative COVID-19 mortality rate was the highest in the nation with pre-existing social, racial, and economic inequities (such as lower mean years of education, higher poverty rates, limited access to quality health care, and less interpersonal trust) being the largest contributing factors.[94]

COVID-19 Age-Adjusted Mortality Rates per 100,000 by Year for Pima County and Arizona (2020-2022)[95]		
Year	Pima County	Arizona
2020	79.2	184.77
2021	118.2	183.52
2022	40.6	85.94

Table 33 COVID-19 Crude Mortality Rates by Year for Pima County and Arizona (2020-2022)[95]

Influenza, Pneumonia and RSV:

Influenza (flu) and Respiratory Syncytial Virus (RSV) are common respiratory illnesses that can cause significant health issues in vulnerable populations. The flu and RSV season is recorded from October to April, with the highest number of cases occurring in the winter months. RSV is common among children, with nearly every child contracting the virus by the age of two. First-time infection is often the most severe, and children under one year of age are at increased risk for severe infection and hospitalization.[96] In Pima County, adults ages 19-49 tend to have the highest percentage of flu cases while infants and children under the age of 4 tend to have the highest case rate of RSV. RSV cases reached an all-time high during the 2022-2023 season, which saw an increase in cases for individuals over the age of 5.[97, 98] Flu and RSV cases are underreported because many mild cases of flu and RSV are managed at home without medical attention or diagnostic testing. *Table 34* shows the percentage of RSV cases that were reported.

In 2022, 53% of flu and pneumonia deaths were male, and 16% were adults between the ages of 45-64 while nearly 80% were adults above the age of 65.[51] Flu and pneumonia mortalities are often reported together with the majority of deaths occurring from pneumonia (91% in 2022).[51] *Figure 33* shows the number of influenza and pneumonia deaths from 2019-2022 with 2020 having the highest (203).[65, 50, 52, 51]

Flu and RSV cases in Pima County from 2019-2024 [97, 98]			
Season	Flu Cases in Pima County	RSV Cases in Pima County	% of RSV cases reported
2019-2020	3,653	749	9.81%
2020-2021	164	445	13.38%
2021-2022	2,439	714	13.3%
2022-2023	4,033	1,623	9.8%
2023-2024	4,486	1,433	7.6%

Table 34 Flu and RSV cases in Pima County from 2019-2024 [97, 98]

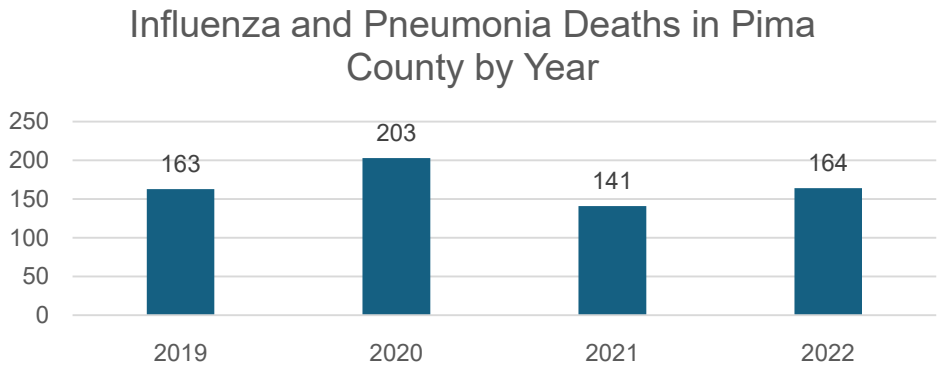


Figure 33 Influenza and Pneumonia Deaths in Pima County by Year[65, 50, 52, 51]

Tuberculosis

Tuberculosis (TB) is a serious illness caused by bacteria that mainly affects the lungs. From 2019-2023 Pima County had a rate of new TB diagnoses of 1.96 per 100,000 compared to Arizona's rate of 2.20 and a national rate of 2.5.[99] Other than in 2019 when Pima County's rate surpassed both state and national rates, TB rates have remained below the state and national level as seen in *Figure 34* but have continued to rise since 2020.

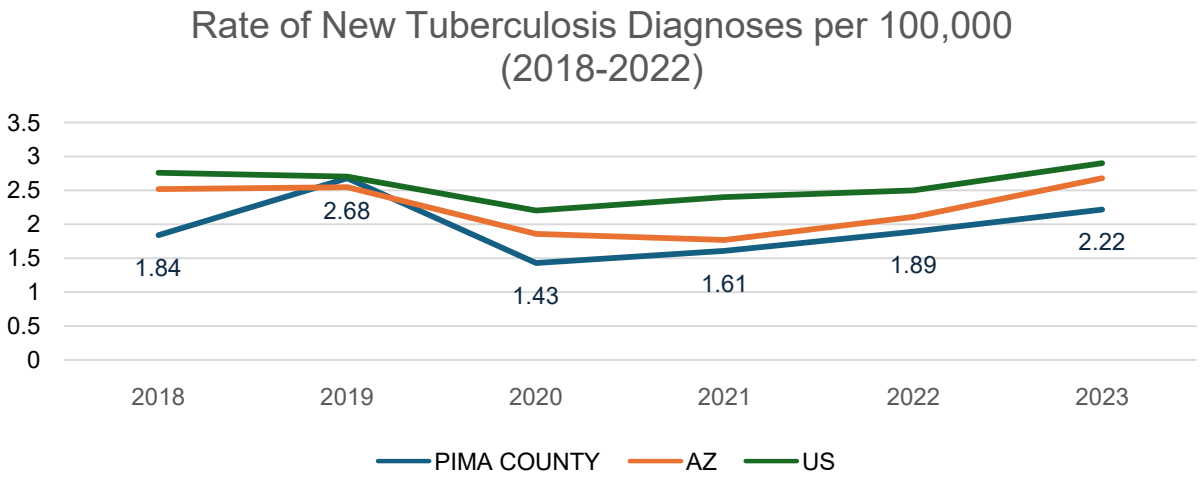


Figure 34 Rate of New Tuberculosis Diagnoses per 100,000 (2018-2022)[99]

Selected Reportable Diseases

Valley Fever (coccidioidomycosis) is an infection of the lungs caused by a fungus that grows in the soil. Long-term symptoms occur in 40% of people who are infected. Prevention of Valley Fever can be difficult, since anyone who breathes in air in areas where the fungus lives can get it, although individuals in certain occupations like construction, excavation, agriculture, archaeological digging and other occupations, which disturb soil in endemic areas are at a higher risk for infection. Some individuals are at an increased risk of developing severe Valley Fever, including: people over the age of 65, people with weakened immune systems, African Americans and Filipinos, people with diabetes, and pregnant women.[100] In Pima County, the rate of reported Valley Fever has declined since 2020 as shown in *Table 35*. Valley fever can be un- or misdiagnosed and there may be insurance or other barriers to testing, which may lead to under-reporting of rates.

Rates per 100,000 of Coccidioidomycosis (Valley Fever) by Year in Pima County and Arizona[101, 102, 103]			
	2020	2021	2022
Pima County	144.7	123.2	106.1
Arizona	160.6	157.7	128.4

Table 35 Rates per 100,000 of Coccidioidomycosis (Valley Fever) by Year in Pima County and Arizona [101, 102, 103]

Vaccines and Immunizations

COVID-19 vaccinations

The first COVID-19 vaccines became widely available in the early months of 2021. Since then, the Federal Drug Administration (FDA) has certified several vaccines, including updates to address new virus strains. The bivalent booster (September 2022) and monovalent booster (September 2023) are available for individuals who completed the primary series. In all, 81.1% of Pima county residents completed the primary COVID-19 vaccine series. As of March 15th, 2024, 23.3% of residents received the bivalent vaccine and 14.4% received the monovalent vaccine.[104]

Adults 60 years of age and older have been the most common age group to be vaccinated against COVID-19, with adults aged 70-79 having the largest uptake percentage of all vaccines *(Figure 35)*.[12] Children and infants under the age of 10 and adults ages 20-29 years are the least COVID-19 vaccinated populations. Asian and Native American populations had the highest uptake percentages of the primary series while White populations had the highest uptake percentages of the bivalent and monovalent vaccines *(Figure 36)*.[104] Black or African American residents have the lowest uptake percentages across all vaccines.[12] According to the Arizona Health Care Cost Containment System (AHCCCS), 53% of Pima County enrollees are vaccinated (have at least one dose) against COVID-19 as of November, 2023.[105]

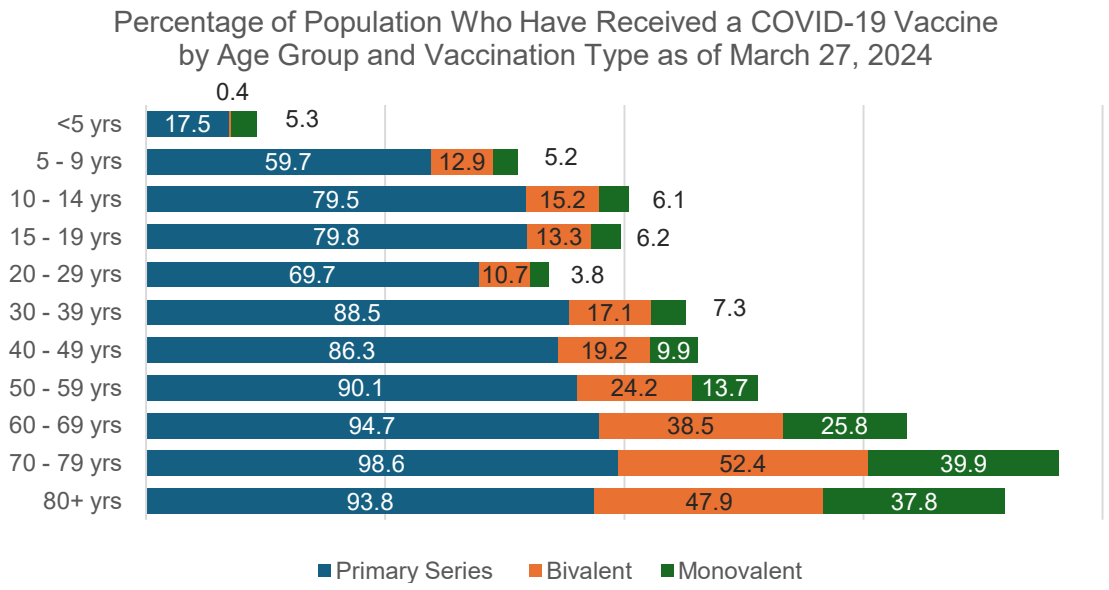


Figure 35 Percentage of Population Who Have Received a COVID-19 Vaccine by Age Group and Vaccination Type as of March 27, 2024[104]

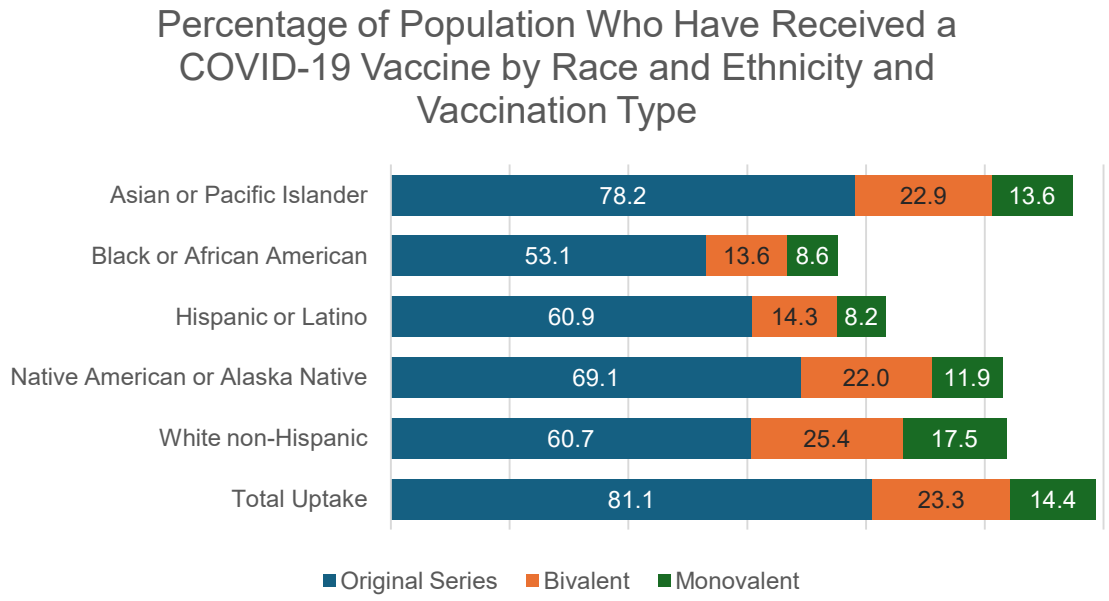


Figure 36 Percentage of Population Who Have Received a COVID-19 Vaccine by Race and Ethnicity and Vaccination Type[104]

Influenza (Flu) vaccinations

In 2021, 47% of Medicare enrollees in Pima County received an annual flu vaccine (down from 50% in 2020).[49, 30] Of those recipients, 17% were American Indian or Alaska Native, 45% were Asian, 28% Black, 35% Hispanic, and 49% were White. For all races, flu vaccine uptake was lower than in 2020. *Table 36* shows that in 2021, 43% of Arizona's Medicare enrollees had an annual flu shot (also down from 48% in 2020) compared to 46% of enrollees in the United States (down from 51% in 2020).[30]

2021 percentage of Medicare enrollees who received an annual flu vaccine by race and ethnicity[30]	
American Indian/Alaska Native	17%
Asian	45%
Black	28%
Hispanic	35%
White	49%
Percentage of total of Medicare population in Pima County	47%
Percentage of total of Medicare population in Arizona	43%
Percentage of total of Medicare population in the United States	46%

Table 36 2021 percentage of Medicare enrollees who received an annual flu vaccine by race and ethnicity[30]

Healthy People 2030 Leading Health Indicator (LHI): Increase the proportion of people ages 6 months and older who get an annual flu vaccine. Target: 70.0%

School vaccines

The required vaccines for children entering Kindergarten in Arizona are hepatitis b (HepB), polio, measles, mumps and rubella (MMR), varicella (VAR), and tetanus, diphtheria, pertussis (DTaP). These vaccines prevent the spread of infectious diseases that have devastating and often deadly effects for children including liver disease and cancer, paralysis, heart failure, muscle spasms, problems with breathing, pneumonia, seizures, swelling of the brain, rashes, fevers, and more.[106]

Pima County children entering kindergarten have higher vaccination rates for required immunizations than kindergartners statewide. However, the proportion of children in Pima County who are up-to-date on required immunizations decreased from 2019 to 2023. *Figure 29* shows vaccination rates for children entering kindergarten in the 2018-2019 school year compared to the 2023-2024 school year in Pima County and Arizona.[107]

In the 2023-2024 school year, 2.4% of personal belief exemptions from one or more vaccines came from district schools (public), 9.2% from charter schools, and 12.6% from private schools in Pima County. The rate of exemptions in Pima County have increased since 2019 but remain lower than the state rate, as shown in *Figure 38*.[107]

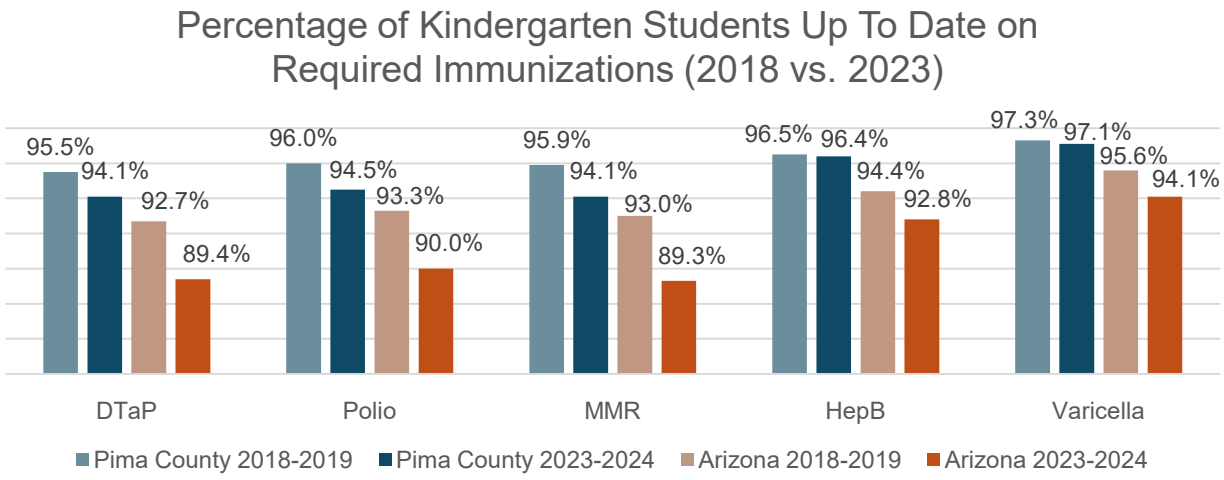


Figure 37 Percentage of Kindergarten Students Up To Date on Required Immunizations (2018 vs. 2023)[107]

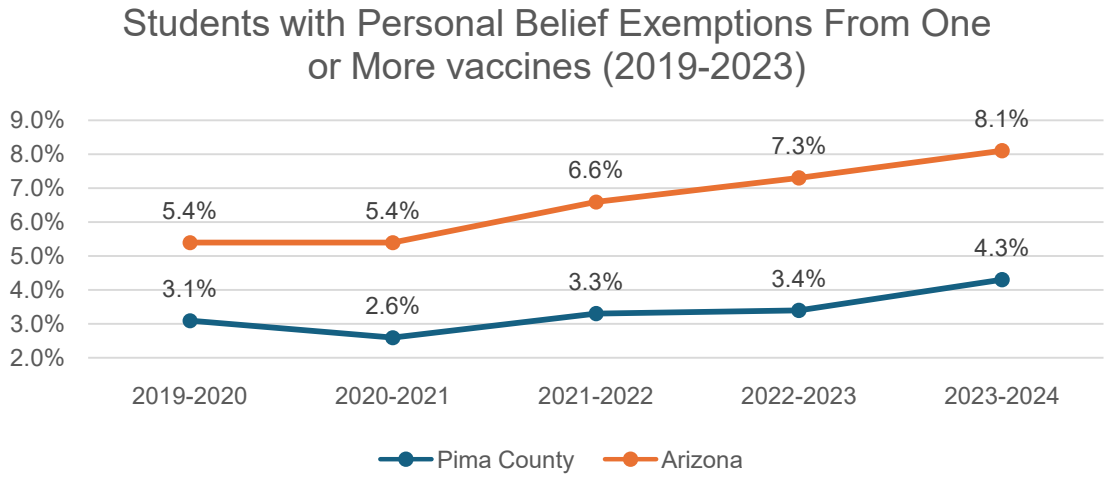


Figure 38 Students with Personal Belief Exemptions From One or More Vaccines (2019-2023)[107]

Healthy Pima Indicator: Vaccinations: states require certain vaccinations for school entry to prevent widespread disease in a community; % of kindergarten students who have the ADHS-recommended vaccinations

Sexual Health

Key Takeaways:

- Among Pima County residents living with HIV, three out of four (74.6%) have the disease under control due to consistent treatment, more than the statewide average of 61.9%.
- While new cases of chlamydia and gonorrhea are trending slightly downward, syphilis cases are increasing significantly across the county and state. The rate of syphilis in 2023 was 51.8 per 100,000, a 370% increase from 2016 (11 per 100,000).
- Most new cases of gonorrhea (54%) and chlamydia (75%) occur in young people under 30.

HIV/AIDS

Human immunodeficiency virus, or HIV, is a chronic sexually transmitted infection that can develop into AIDS (acquired immunodeficiency syndrome) if left untreated. While there is no cure for HIV, people who receive treatment can live long, healthy lives.[111] In 2022, the incidence rate for new diagnoses of HIV/AIDS in the county was 13.2, the same as the statewide rate. In 2022, 3,021 Pima County residents were living with HIV/AIDS with males accounting for nearly nine out of ten existing cases (86.4%).[112] Among those living with HIV in 2022, 74.6% were virally suppressed, meaning that the virus was under control due to consistent treatment. This is higher than the statewide average of 61.9%.[108]

2030 Leading Health Indicator: Increase knowledge of HIV status. Target: 95.0% of persons 13 and older living with HIV are aware of their infection.

Chlamydia, gonorrhea and syphilis

On average, Pima County residents have been diagnosed with sexually transmitted infections (STIs) at a lower rate than state averages, and overall STI rates have trended downward since 2021 *(as seen in Figure 39)*. The rate of new chlamydia cases in 2023 in Pima County (551.3) was very similar to the state rate (555.1). Of the 5,912 reported cases of chlamydia, 69% were among female residents. The rate of new gonorrhea cases in 2023 in Pima County (171.2) was lower than the state rate (191.7). Of the 1,836 reported cases of gonorrhea in Pima County, 60% occurred in males.[109]

The majority of new cases for gonorrhea (54%) and chlamydia (75%) are among young people under the age of 30, and almost a quarter (23%) of chlamydia cases are among teens 10-19 years old *(Figure 40)*. Chlamydia is more commonly diagnosed compared to gonorrhea, with more than three times as many cases in 2023 *(Figure 40)*.[109]

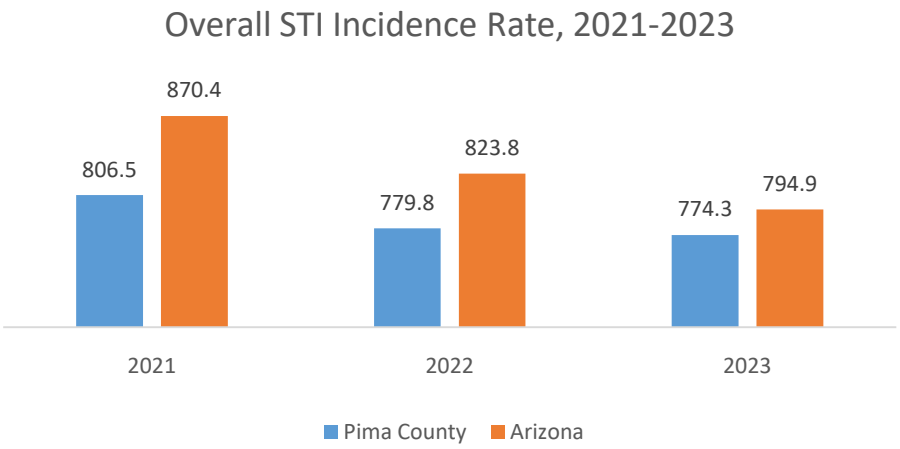


Figure 39 Overall STI Incidence Rate, 2021-2023[109]

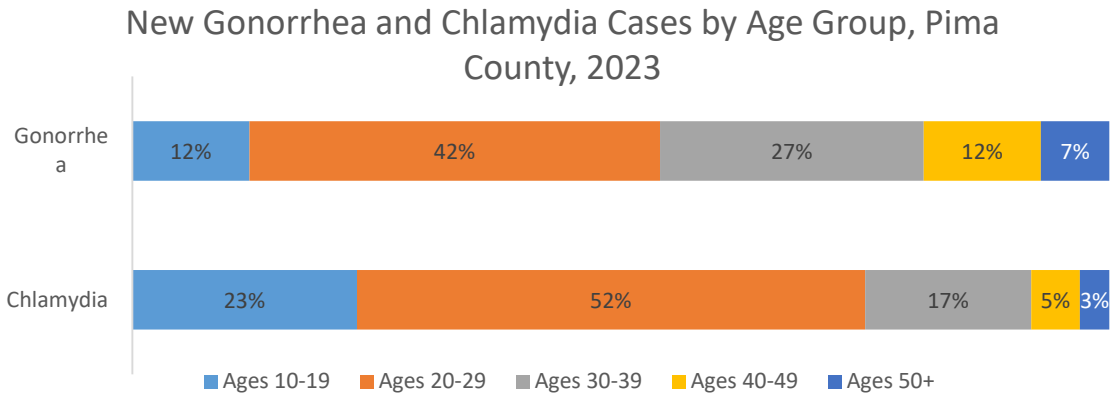


Figure 40 New Gonorrhea and Chlamydia Cases by Age Group, Pima County, 2023[109]

Syphilis is a sexually transmitted infection that can cause serious negative health implications if left untreated. Severe infection can cause problems in the bones, ears, eyes, heart, and brain. It can also be passed from an infected pregnant person to a child. For more information on congenital syphilis, see the Maternal, Infant, and Fetal Health section.

All stages of syphilis can be treated with antibiotics.[113] Arizona is currently experiencing a syphilis outbreak and is the state with the 6th highest rate in the country.[114] In 2023, the Pima County rate of syphilis infections was 51.8 per 100,000, higher than the state rate of 48.5. This is higher than the 2022 rate of 50.6 per 100,000, the same as the state rate that year. In Pima County, nearly seven in ten (69%) cases of syphilis cases occur in men.[109]

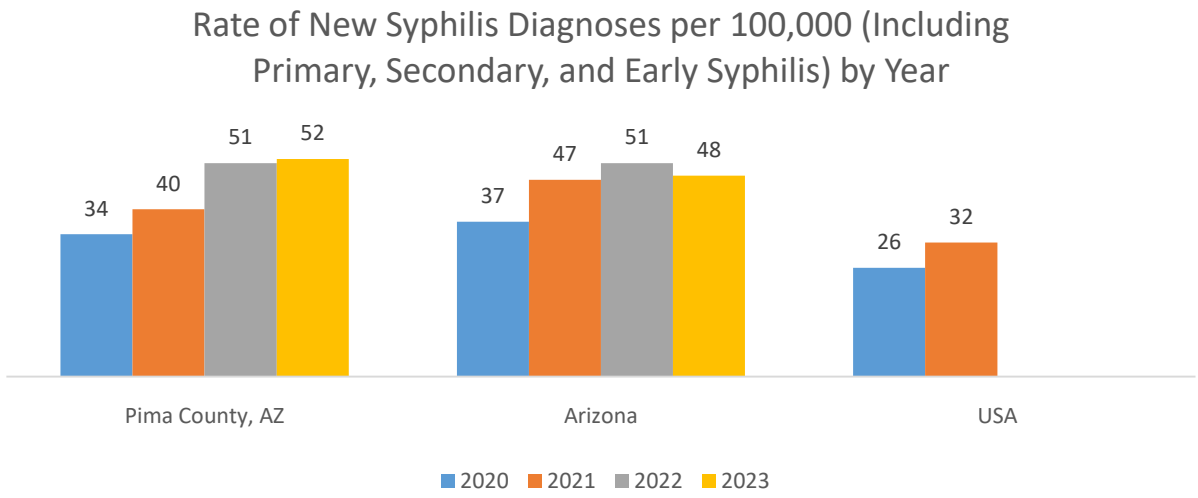


Figure 41 Rate of New Syphilis Diagnoses per 100,000 (Including Primary, Secondary, and Early Syphilis) by Year [109, 115, 116, 113]

Notable Finding: The rate of syphilis cases per 100,000 in Pima County increased 370% from 2016 to 2023.[10, 91, 10]

Healthy Pima Indicator: Sexually Transmitted Infections (STIs): reportable STIs: syphilis (including congenital syphilis), gonorrhea, chlamydia, chancroid, and HIV; rate per 100,000 for all reportable STIs

Maternal, Infant and Fetal Health

Key Takeaways:

- The rate of teen pregnancy in Pima County has decreased by 23% since 2019.
- In 2022, 71% of infants were born to women receiving adequate or higher prenatal care. Although this is an increase from pre-COVID-19 years, nearly one in five infants were born to a woman receiving inadequate prenatal care in Pima County.
- Low birthweight births have been increasing since 2011 with rates higher than the state rate.
- An outbreak of congenital syphilis in Arizona is still affecting Pima County whose infection rate is more than three times the national rate.
- Pima County's severe maternal morbidity (SSM) rate is 17% higher than the state rate and 21% higher than the urban county rate, which includes Maricopa, Pima, Pinal, and Yuma County.
- In 2022 there were 1,526 abortions recorded in Pima County with a rate of 7.3 per 1,000 women of child-bearing age, down from 2021 when there were 1,766 abortions with a rate of 8.6.

Births

According to Arizona Advanced Vital Statistics, there were 9,968 births in Pima County in 2022.[51] For the same year, the birth rate per 1,000 population was 9.8.[117] The birthrate has been decreasing annually since 1970 when the birthrate was 19.2.[118] *Figure 34* shows the percentages of births by race and ethnicity over a three year period; 50.8% and 36.4% of births from 2019-2021 were Hispanic and White respectively.[119] Table 37 shows 2022 fertility and birth rates by primary care area (PCA).[117]

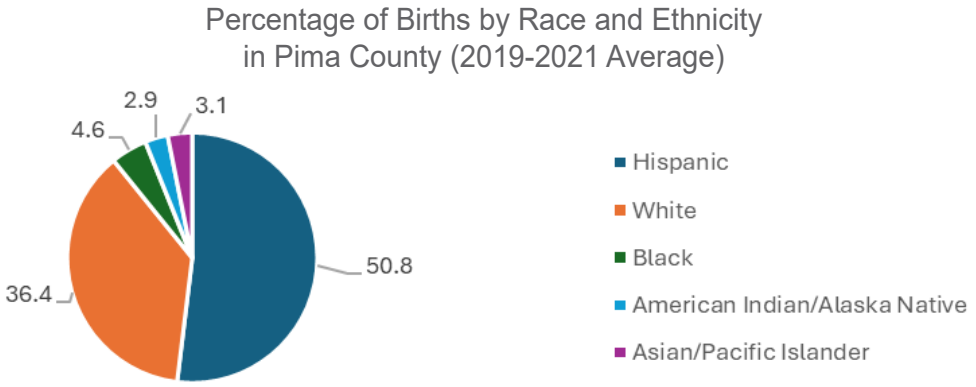


Figure 42 Percentage of Births by Race and Ethnicity, Pima County (2019-2021 Average)[119]

In 2022, 8.2% of births in Pima County were low birthweight (less than 2,500 grams or 5lbs 8oz), a greater percentage than births across the state (7.8%).51 While some babies with low birthweight are born healthy, low birthweight can cause problems with eating and gaining weight, fighting off infections, and may lead to long-term health problems. The two main reasons for low birthweight are preterm birth and fetal growth restriction.[119] Since 2015, Pima County's rate of babies born with low-birthweight per 100 births has risen, surpassing the state rate of 7.4 in 2018 and closely matching the national rate *(Figure 43)*.[120, 121, 122, 123, 124, 125, 126, 127, 65, 50, 52, 51, 128] Black infants (13.3%) were about two times as likely as American Indian/Alaska Native infants (7.7%) to be born with low birthweight during 2020-2022 (average).[119]

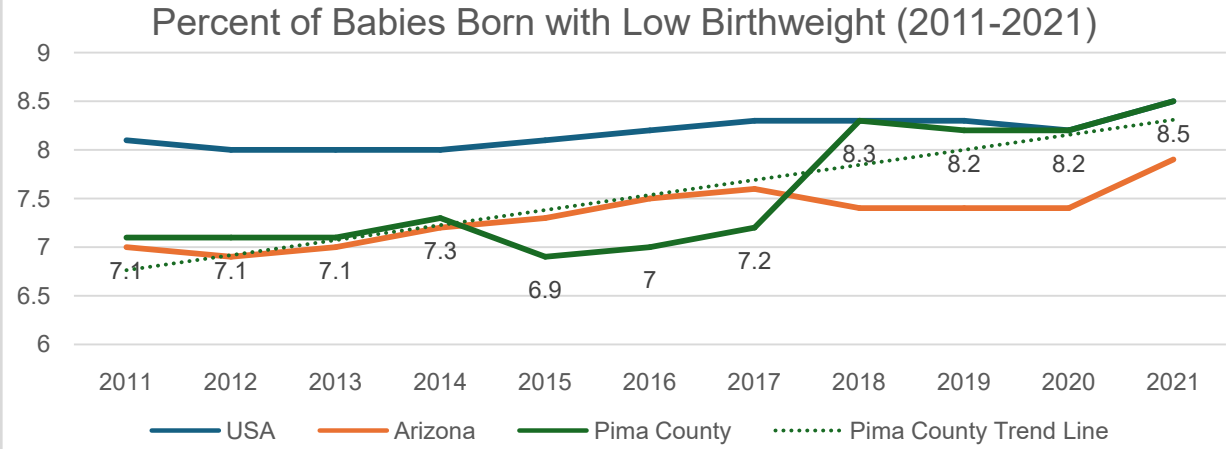


Figure 43 Percent of Babies Born with Low Birthweight (2011-2021) [120, 121, 122, 123, 124, 125, 126, 127, 65, 50, 128]

Notable finding: the low birthweight rate in Pima county is increasing.

Preterm births are those that happen before 37 weeks of pregnancy and, like low birthweight, can lead to serious health problems at birth and later in life.[119] In Pima County in 2022, nearly one in ten babies (9.9% of live births) were born preterm. Preterm birth rates have risen since 2015 when the rate was 8.5. The rate of preterm birth in Pima is highest for Black infants (12.7%), followed by American Indian/Alaska Natives (10.2%), Hispanics (9.7%), Whites (9.3%) and Asian/Pacific Islanders (9.0%).[119]

Fertility, Birth, Low Birthweight, Teen Birth Rate, and Uninsured Births by Primary Care Area (2022)[117]					
Primary Care Area (PCA)	Fertility Rate per 1,000 Women of Childbearing Age*	Birth Rate per 1,000 Residents	Low-Birth Weight Births per 1,000 Births	Teen Births per 1,000***	Uninsured Births
Ajo	50.4	7.4	**	**	0
Casas Adobes	52.3	9.9	72.1	7.9	28
Catalina Foothills	38.1	5.8	76.5	**	16
Drexel Heights	53.1	11.2	53.2	18.6	6
Flowing Wells	55.5	10.7	146.1	21.4	**
Green Valley	40.4	1.8	**	**	**
Marana	60.9	10.9	72.4	7.7	46
Oro Valley	36.4	5.5	73.1	**	14
Picture Rocks	51.1	8.6	**	21.4	**
Sahuarita	59.3	10.9	74.0	9.5	34
Tanque Verde	33.7	5.1	113.6	**	9
Tucson Central	37.7	9.5	83.8	8.2	28
Tucson East	53.7	10.3	80.3	16.2	137
Tucson Estates	33.9	5.0	**	19.4	**
Tucson Foothills	54.4	10.3	99.3	17.8	32
Tucson South	59.7	12.6	86.7	24.2	59
Tucson South East	52.4	10.1	69.7	3.2	111
Tucson West	44	9.3	91.2	19.2	12
Vail	53.2	9.6	61.6	13.1	29
Valencia West	64.9	13.1	89.2	11.6	18
Pima County	50.7	9.8	82.1	13.7	592
Arizona	56.7	10.9	78.0	15.0	2864

*Rate calculated by females ages 15-44
**Rate suppressed based on count less than 6
***Rate calculated by females ages 15-19

Table 37 Fertility, Birthrate, Low Birthweight Rate and Teen Birth Rate by Primary Care Area (2022)[117]

Maternal Health

Data Limitation: It is important to note that people who do not identify as women may have the capacity to become pregnant. While the health of these individuals and their babies is just as important, data collection methods do not always capture information inclusive of all genders. Throughout this section, data are reported as published by sources; however, when possible, gender inclusive language such as “pregnant people” is used.

Figure 44 shows that 48% of births were covered by the Arizona Health Care Cost Containment System (AHCCCS), 39% of births were covered by private insurance, and 5% were self-pay.[51]

Table 38 shows the marital status of women who gave birth in 2022 by age group. While marital status of the pregnant person by itself is not a determinant of certain health outcomes, it can interact with other risk factors such as age, race, educational status, and socioeconomic status to influence health outcomes of both the birthing parent and the baby.[129,130] In 2022, 52% of babies were born to married women.[51]

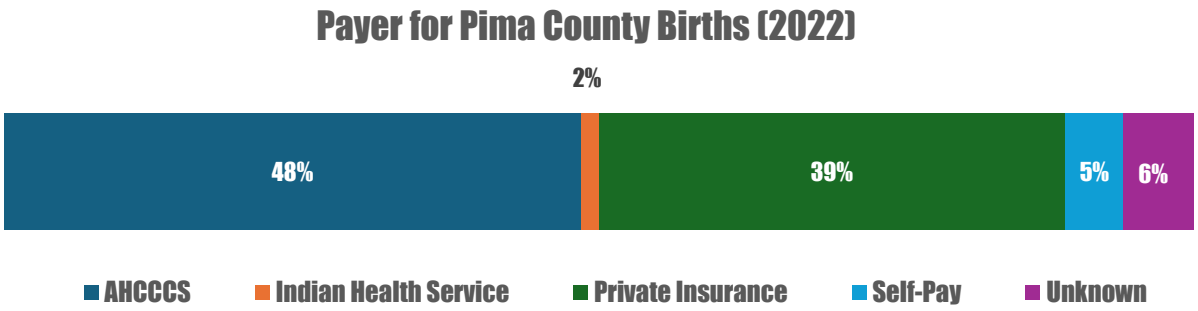


Figure 44 Payer for Pima County Births (2022)[51]

Number of Births Among Pima County Women by Age Group and Marital Status (2022)[51]									
Marital Status	Mother's age								
	<15	15-17	18-19	20-24	25-29	30-34	35-39	40-44	45+
Married	0	0	33	496	1565	1931	934	216	14
Unmarried	*	108	299	1,478	1,323	920	394	113	10
Unknown	0	0	*	13	38	43	21	8	*
* *Cell suppressed due to count less than 6*									

Table 38 Number of Births Among Pima County Women by Age Group and Marital Status (2022)[51]

In 2022, the teen birth rate (births per 1,000 females 19 or younger) was 13.7, lower than the state rate of 15.0.[117] According to data from Advanced Vital Statistics, there was a 23% decrease in teenage births from 2019 - 2022.[51, 65] Approximately 66% of teens who gave birth were Hispanic or Latino, 3% were Black or African American, 5% were American Indian or Alaska Native, and 20% were White non-Hispanic.[51] Flowing Wells (21.4), Picture Rocks (24.4) and Tucson South (24.2) PCAs had the highest teen birth rates as shown in *Table 37* above.[117]

Asset/Improvement: Pima County's teen birth rate (births per 1,000 females 19 or younger) has decreased by 23% since 2019.

Fetal health and positive birth outcomes can be influenced by early and consistent prenatal care beginning in the first trimester of pregnancy.[131] *Figure 45* shows the majority (71%) of prenatal care began during the first trimester for pregnant people who gave birth in 2022.[51] Adequate prenatal care, as defined by the Adequacy of Prenatal Care Utilization Index, is pregnancy-related care beginning in the first four months of pregnancy with the appropriate number of visits for the infant's gestational age. In Pima County in 2022, 70.8% of infants were born to individuals receiving adequate or higher prenatal care. This is an increase from pre-COVID-19 years when, for example, in 2015 the rate was 66.8% *(Figure 46)*.[119] Still, in 2022, nearly one in five infants (18.7% of live births) was born to a person receiving inadequate prenatal care in Pima County (defined as care beginning in the fifth month of pregnancy or later or less than 50% of the appropriate number of visits for an infant's gestational age).[119] For more information about access to reproductive health care services in Pima County, see the Social Determinants of Health: Health Care Access and Quality section.

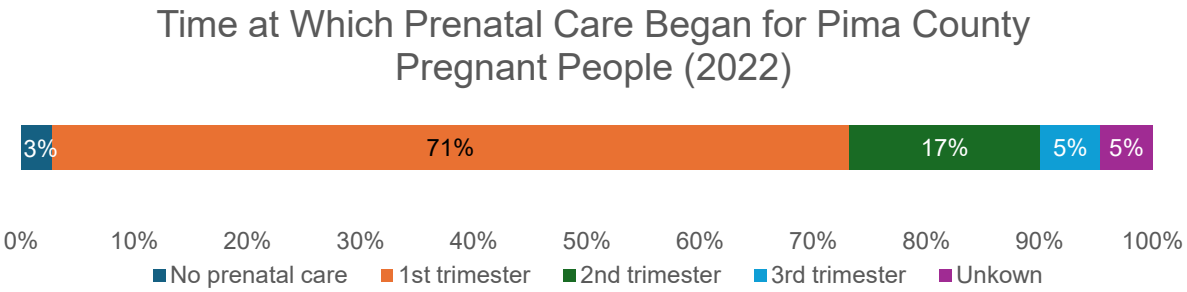


Figure 45 Time at Which Prenatal Care Began for Pima County Pregnant People (2022)[51]

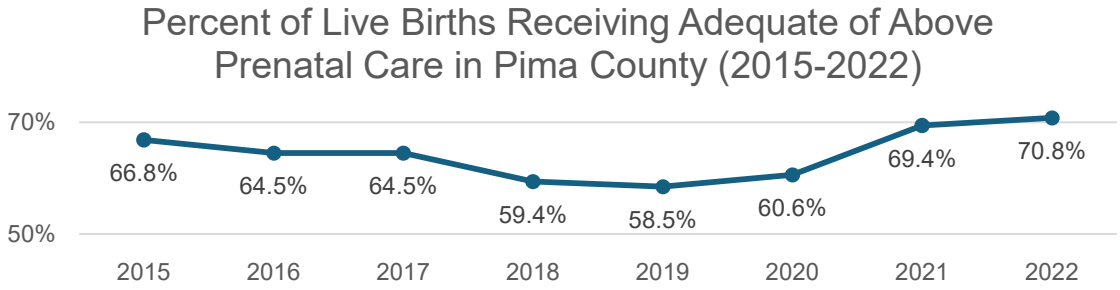


Figure 46 Percent of Live Births Receiving Adequate of Above Prenatal Care in Pima County (2015-2022)[119]

Healthy People 2030 Objective: MICH-08 Increase the proportion of pregnant women who receive early and adequate prenatal care. Target: 80.5%

Severe maternal morbidity (SMM) refers to "unexpected outcomes of labor and delivery that lead to significant short- or long-term consequences to a woman's health and well-being."[132] The rate of SMM per 10,000 delivery hospitalizations from 2016-2019 among Pima County residents who gave birth was 139.3, or about 13.8% of hospital deliveries. Pima County's SSM rate (139.3) is 17% higher than the state rate (119.4) and 21% higher than the urban county rate (114.8), which includes Maricopa, Pima, Pinal, and Yuma County.[132]

Healthy People 2030 Leading Health Indicator (LHI): MICH-04 Reduce maternal deaths. Target: 15.7 per 100,000

Congenital Syphilis

Across Arizona, there is a current outbreak of syphilis among pregnant people and congenital syphilis in newborn babies. Syphilis is a bacterial infection, which is spread through sexual contact or passed from mother to child. If left untreated in a pregnant person or newborn, syphilis can cause stillbirth, newborn death, and long-term health problems for the baby.[133] Pregnant people who detect syphilis early in pregnancy can treat the disease and prevent their child from contracting it. Syphilis cases among women statewide increased 449% from January 2015 to October 2023. In 2021, the rate of congenital syphilis among Pima County newborns was 249 per 100,000 live births compared to 237 statewide and 78 nationwide.[113]

Notable finding: Pima County's rate of congenital syphilis is over three times higher (3.2) than the national rate.

Abortions

Medication and surgical abortions are part of the spectrum of reproductive health care services for women.[131] In 2022 there were 1,526 abortions recorded in Pima County with a rate of 7.3 per 1,000 women of child-bearing age (15-44 years of age) down from 2021 when there were 1,766 abortions with a rate of 8.6.[134, 135]

For information related to reproductive health access, please see the SDOH: Health Care Access and Quality section.

Infant Mortality

Infant mortality refers to the death of an infant between birth and the first year of life. From 2011-2021 the infant mortality rate in Pima County was 5.0 per 1,000 live births. Over the same period, the statewide infant mortality rate was 5.6 per 1,000 live births.[136] In 2022, the leading cause of infant mortality among Pima County babies less than 1 year old was perinatal conditions, including low birthweight, maternal complications, and complications of the placenta or umbilical cord.[51] The infant mortality rate is lower or the same as the county rate for White non-Hispanic infants (4 per 1,000 live births) and Hispanic infants (5 per 1,000 live births). For American Indian and Black infants, the rates of mortality are much higher, at 9 and 7 respectively *(as shown in Table 39)*. According to the US Health Resources and Services Administration (HRSA), the Black infant mortality rate in Pima County from 2016-2018 was over two times (2.2) higher than the White infant mortality rate. The infant mortality rate for Black infants was 8.8 compared to a mortality rate of 4.1 among White infants.[137]

Table 40 shows the 2022 infant mortality rate by PCA. Eight PCAs (Sahuarita, Tanque Verde, Drexel Heights, Vail, Valencia West, Tucson Foothills, Marana, and Tucson East) had rates above the county (5.8) and state (6.2) rates.

Infant Mortality Rate per 1,000 Live Births by Race and Ethnicity (2014-2020)[30]

Race/Ethnicity	Value	Error Margin
American Indian or Alaska Native	9	6-14
Black	7	5-10
Hispanic	5	4-6
White	4	3-5
Total	5	4-5

Table 39 Infant Mortality Rate per 1,000 Live Births by Race (2014-2020)[30]

Number of infant deaths (less than 1 year old) per 1,000 live births by Primary Care Area (2022)[55]	
Primary Care Area (PCA)	**Rate**
Ajo	0.0
Casas Adobes	2.9
Catalina Foothills	0.0
Drexel Heights	10.0
Flowing Wells	5.6
Green Valley	0.0
Marana	7.2
Oro Valley	0.0
Picture Rocks	0.0
Sahuarita	16.4
San Xavier	0.0
Tanque Verde	11.4
Tucson Central	5.1
Tucson East	6.3
Tucson Estates	0.0
Tucson Foothills	7.3
Tucson South	4.2
Tucson South East	5.2
Tucson West	5.5
Vail	9.5
Valencia West	7.4
Pima County	5.8
Arizona	6.2

Table 40 Number of infant deaths (less than 1 year old), per 1,000 live births by PCA (2022)[55]

Notable finding: American Indian and Black infant mortality rates in Pima County are significantly higher than the county rate.

Healthy People 2030 Leading Health Indicator (LHI): Reduce the rate of infant deaths within the first year of life. Target: 5.0 deaths per 1,000 live births

Data limitation: Infant mortality is challenging to disaggregate by race due to small populations and low number of deaths. Rates over time are more stable than the rates by year, yet there are challenges with this method as well as the varying population denominators across sources mean that the rates can appear to be erratic and/or very different from each other. The error margins in *Table 39* are an indicator of these factors; however, we can see that even the lowest rate estimated for American Indian and Black infant mortality are still at or above the County rate in comparison with the Hispanic and White rates.

WIC Participation

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a federal program that provides food, nutrition education, breastfeeding support, and referrals for low-income pregnant people and parents with children under the age of five.[138] The Pima County WIC program sees an average of 9,860 participants per month (2023-2024).[139] Statewide data estimate that just over half (52%) of individuals that are eligible for WIC participate in the program.[138]

Child and Adolescent Health

Key Takeaways:

- Accidents are the leading cause of death for young children ages 1-14 and adolescents ages 15-19. Among the 15-19 age group, accidental poisoning including drug overdose is responsible for the most accidental deaths (54%), followed by motor vehicle deaths (46%).
- Among children and adolescents in Pima County who die of non-natural causes, the most common cause of death is by firearms. A quarter of deaths investigated by the Pima County Medical Examiner were the result of firearms, whether by suicide, homicide, or accidental discharge.
- There is a lack of data regarding Pima County youth behaviors and outcomes such as dietary and exercise habits, prevalence of overweight and obesity, sexual behaviors and perceptions, and prevalence of mental illness.
- Alcohol is the most commonly used substance by students in 8th, 10th, and 12th grades. Students in those grades have reported decreasing usage of cigarettes, e-cigarettes, marijuana, and prescription drugs according to the 2018, 2020, and 2022 Arizona Youth Surveys.

Child and Adolescent Mortality

From 2020-2022, there were 249 deaths among children and adolescents ages 1-19 as shown disaggregated by year in *Table 41*. A majority of child and adolescent deaths (64%) occur in older adolescents ages 15-19.[50, 52, 51]

Number of Deaths Among Pima County Youth (county of residence), 2020-2022[50, 52, 51]				
	2020	2021	2022	Total
Ages 1-14	33	27	29	89
Ages 15-19	47	59	54	160
Total	80	86	83	249

Table 41 Number of Deaths among Pima County Youth (county of residence), 2020-2022[50, 52, 51]

Cause of Death

From 2020-2022, the leading causes of death among adolescents ages 15-19 were accidents (69 deaths), suicide (27 deaths), and homicide (27 deaths). Of the 69 mortalities that were unintentional, accidental poisoning (including drug overdose) accounted for over half (54%) of the deaths, while motor vehicle accidents accounted for 46% of the deaths. Of the 27 homicides among adolescents in this age group, all but one involved the discharge of firearms.[50, 52, 51]

Notable Finding: The number of people ages 15-19 who were killed by homicide more than doubled from 2021 (6) to 2022 (13).[52, 51]

Among children ages 1-14, the leading cause of death from 2020-2022 was accidental death, accounting for 76% of the 89 deaths in this age group. All other causes of death are suppressed due to yearly counts lower than six.[50, 52, 51]

The Pima County Medical Examiner investigates deaths of children and adolescents ages 1 to 19 years old, excluding natural deaths that were certified by a decedent's health care provider, as is most common for natural deaths. Among the 288 deaths in this age group that the medical examiner investigated from 2020-2023, nearly three in four (72%) decedents were male. *Figure 47* shows the top 5 causes of death for cases investigated by county medical examiner.[29]

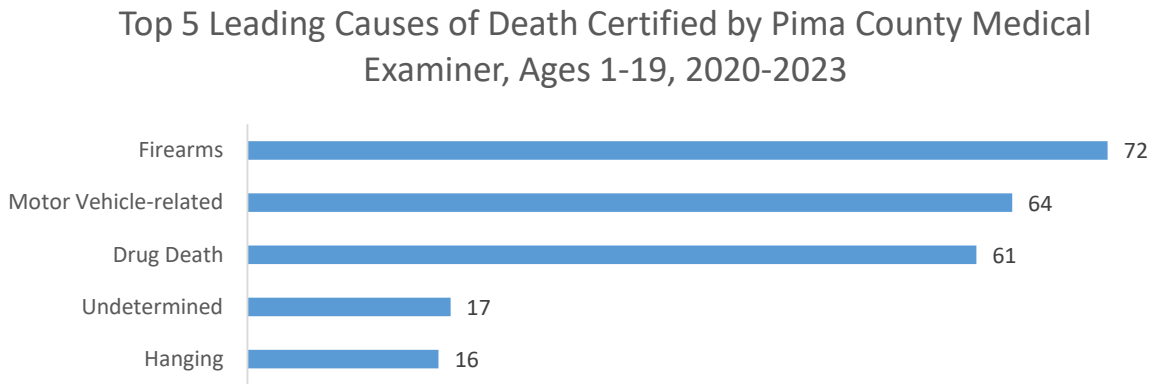


Figure 47 Top 5 Leading Causes of Death Certified by Pima County Medical Examiner, Ages 1-19, 2020-2023[29]

Suicide:
From 2020-2022, there were 27 suicides recorded among Pima County adolescents aged 15-19. Suicide was tied with homicide for the second-leading cause of death in this age group. The number of suicides among children ages 1-14 over the same time span was suppressed due to yearly counts lower than six.[50, 52, 51] From 2020-2023, the suicide fatality rate per 100,000 among people ages 0-17 was 2.6 in Pima County, the same as the statewide rate.[29]

Child and Adolescent Mental Health

Data Limitation: The Arizona Youth Survey (AYS) is cited in this portion of the report. Every 2 years, 8th, 10th, and 12th graders across the state take the survey to assess various behaviors such as drug and alcohol use, gang membership, and other risky youth behaviors. The 2022 participation rate in Pima County was among the lowest in the state reaching only 10% of eligible students.

Bullying:
Children and adolescents who are bullied can experience short- and long-term impacts on their self-esteem, social life, and ability to perform in school. Bullying can also cause mental health disorders to develop or worsen and can even lead to suicide.[140] According to the 2022 Arizona Youth Survey, 33% of 8th graders, 22% of 10th graders, and 16% of 12th graders reported that they had been picked on or bullied on school property. *Figure 48* shows that for 10th and 12th graders, online (or cyber) bullying was even more common at 25% and 22% respectively. Conversely, 19% of 8th graders, 12% of 10th and 12th graders reported bullying someone else on school property.[24] Of note, the same student could report multiple types of bullying.

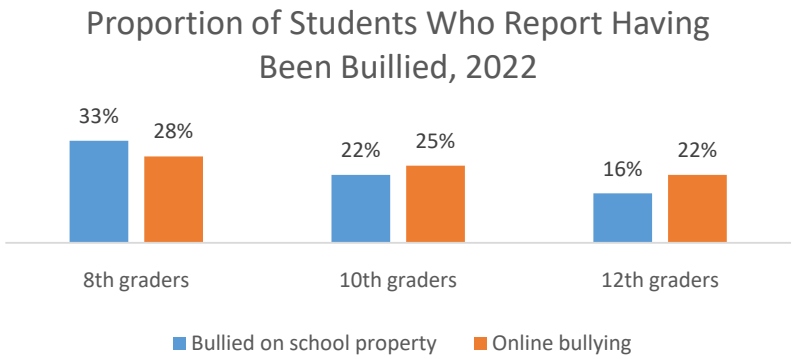


Figure 48 Percent of Students Who Report Having Been Bullied, 2022[24]

2030 Leading Health Indicator: Increase the proportion of adolescents with depression who get treatment. Target: 46.4%

Gang Involvement:
Adolescents who participate in gangs are at greater risk for substance use, incarceration, poor health, and high school drop-out compared to non-gang-involved peers.[141] These health risks continue into adulthood.[141] Among 12th graders surveyed in 2022, 2.4% reported they had belonged to a gang at some point, and 3.5% reported that at least 1 friend was involved in a gang in the past year. The proportion of 8th graders who have ever been involved in a gang was similar to that of 12th graders at 2.9%, but a higher proportion of 8th graders (7.1%) reported that they knew a friend who was involved in gangs.[24]

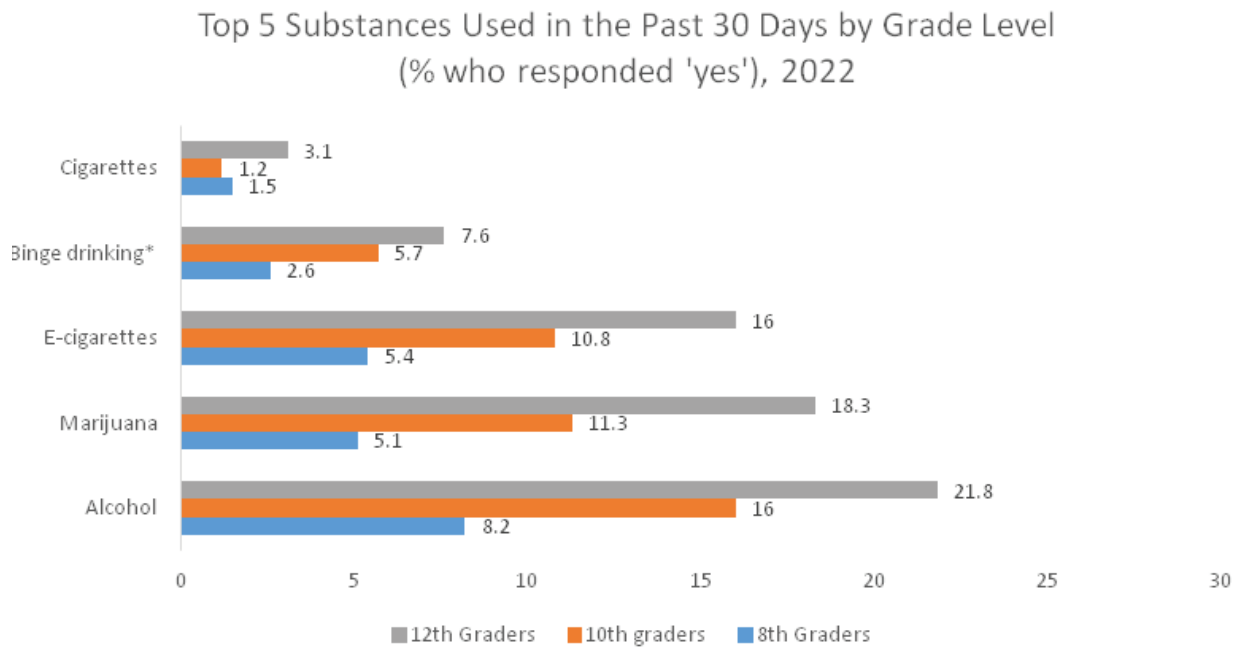
Community Violence:
Exposure to violence in the community can have a significant impact on mental health in young people. Youth who are exposed to community violence are more likely to develop post-traumatic stress disorder, depression, anxiety, and aggression compared to those who do not have this experience.[142] In 2022, nearly one in ten (9%) students in all grade levels reported seeing someone

shot, shot at, or threatened with a gun at least once in the past year.[24] Nearly 40% of surveyed youth reported seeing someone physically assaulted in the past year, while 18% reported being the victim of these behaviors.[24]

Notable Finding: Among students surveyed in 2022, nearly one in five (17%) reported that it would be "sort of" or "very" easy to acquire a handgun.[24]

Substance Use:

Figure 49 shows the five most common substances that students surveyed for the 2022 AYS reported using within the past 30 days. Alcohol, marijuana, and nicotine-based products such as cigarettes and e-cigarettes were the most common. Use of substances generally increases with age.[24]



**Binge drinking is categorized as youth who had 5 or more drinks in a row at least once during the previous 30 days.*

Figure 49 Top 5 Substances Used in the Past 30 Days by Grade Level (% who responded 'yes'), 2022[24]

In 2022, the most commonly used substance among surveyed 8th, 10th, and 12th graders was alcohol. In 2020, recreational usage of marijuana became legal in Arizona for people ages 21 and older. Reported marijuana usage in the past 30 days among all grade levels decreased from 2018 to 2022 (*Figure 50*).[24] E-cigarettes are considered tobacco products because most of them contain nicotine, which comes from tobacco. Use of e-cigarettes in adolescence influences brain development, learning, memory, and attention, introduces harmful chemicals and heavy metals directly into the lungs, and can lead to long-term addiction.[87] Among Pima County youth surveyed

for the AYS, both cigarette smoking and e-cigarette usage have decreased from 2018-2022. *Figure 50* also shows the total number of students who reported smoking in the past 30 days by year. Misuse of prescription and over the counter drugs has decreased across all grade levels from 2018-2022. In 2022, 7.6% of 12th graders, 6.1% of 10th graders, and 4.3% of 8th graders reported that they had used prescription pain relievers when they were not prescribed to them. Misuse of over-the-counter drugs and inhalants were more common than prescription drug misuse among all youth.[24]

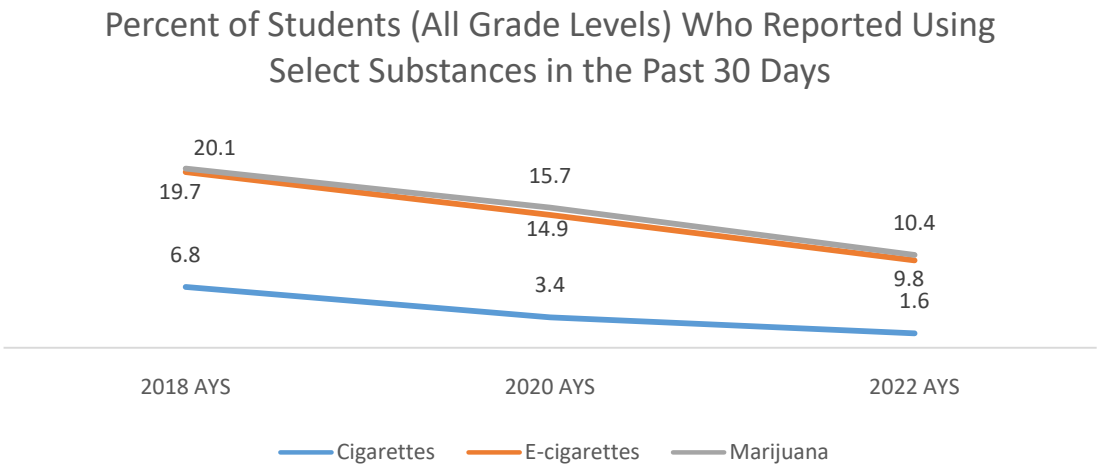


Figure 50 Percent of Students (All Grade Levels) Who Reported Using Select Substances in the Past 30 Days[24]

2030 Leading Health Indicator: Reduce current tobacco use in adolescents including cigarettes, e-cigarettes, smokeless tobacco, hookah, etc. Target: 11.3%

Asset/Improvement: According to results from the 2018, 2020, and 2022 AYS, use of all substances by adolescents in 8th, 10th, and 12th grades appears to be decreasing.[24]

Table 42 shows the top five reasons reported by 8th graders for why they chose to or chose not to use substances in 2022. While not among the top 5 reasons, it is notable that 7.4% of students from all grades who reported using any substance in the last 30 days did so to lose weight.

Motivations for Using or Not Using Substances Among All Grades, 2022[24]				
	Reasons for using substances in the past 30 days		Reasons for not using substances in the past 30 days	
1	To have fun	42.6%	Not interested	88.0%
2	Deal with school-related stress	38.0%	Parents would be disappointed	70.0%
3	Get high/feel good	36.8%	Harm to body	66.9%
4	Feeling sad or down	32.5%	Illegal/could get arrested	55.7%
5	Deal with family-related stress	30.4%	Parents would take away privileges	54.8%

Table 42 Motivations for Using or Not Using Substances Among All Grades, 2022[24]

Data limitation: Recent surveillance data on health behaviors and outcomes in childhood and adolescence were not available for this report. This includes overweight and obesity rates, physical activity, and sexual behaviors and perceptions.

2030 Leading Health Indicator: Reduce the proportion of children and adolescents with obesity. Target: 15.5%

Climate and Health

Key Takeaways:

- 2023 was the hottest year on record globally. In Pima County, there were 176 days above 90 degrees and 89 days above 100 degrees.
- Rates of heat-related illnesses soared in 2023 both in Pima County and across the state in 2023, surpassing 2020 rates. In 2023, Pima County's heat-related illness rate was 33.4 per 100,000 while the state rate was 50.5.
- Heat-caused deaths have also risen. In 2023, there were 126 heat-related deaths in Pima County and 43 heat-caused deaths, a 54% increase in heat-caused deaths from 2022 to 2023.
- While the majority of deaths in 2023 occurred in individuals 40-80 years old, 58% of all heat-related deaths in 2023 in Pima County occurred among adults over the age of 60 and one-third (34%) occurred among adults over the age of 70.
- The highest burden of heat is disproportionately felt by communities of color and communities with low adaptive capacity to high temperatures.
- For most of the year the air quality in Pima County is good or moderate. The air quality is worse in the summer months, with unhealthy days generally clustered in July and August.
- According to FEMA's National Risk Index, Pima County's vulnerability to drought (compared to the rest of the country) is "Relatively High" with an index score of 98.6.
- Climate change exacerbates infectious disease risk and the likelihood of pandemics like COVID-19 and increases health disparities by worsening their impacts.

Climate change has profound effects on human health. Extreme weather events like floods, droughts, wildfires, extreme temperatures, and storms influence all aspects of human health and are expected to increase in frequency, intensity, and extent in the future. Health risks from a changing climate include higher rates of heat-related Illness and death, increases in infectious diseases, greater exposure to poor air quality, increases in some adverse pregnancy outcomes, higher rates of pulmonary, neurological, and cardiovascular diseases, and worsening mental health.[143]

These risks affect everyone but have disproportionate repercussions for under-resourced and overburdened communities and individuals, such as pregnant people, communities of color, children, people with disabilities, people experiencing homelessness, people with chronic diseases, and older adults.[143]

Extreme Heat and Health

Although anyone can develop heat stress if exposed to extreme heat, certain groups of people are more at risk for heat stress and death and can be limited in their capacity to adapt during high temperatures. Factors such as income, social support, and transportation can impact a person's access to air conditioning and other resources. The presence of health conditions (e.g. diabetes, heart conditions, disability), age (e.g. infants and older adults), and geographic location (related to land cover, presence of shade, transportation, etc.) can also limit a person's or community's ability to protect themselves from extreme heat.[144]

Temperatures frequently reach triple digits from May to September in Pima County and across the state as extreme heat events are becoming more common, more severe, and longer lasting. In Arizona, extreme heat contributes to more deaths each year than all other weather-related hazards.[145] Over 500 heat-related deaths have occurred every year across the state since 2020 due to extreme heat. The number of heat-related deaths in Arizona in 2022 (671) were over four times higher (4.3) than the number of deaths that occurred in 2012 (157).[146]

Cooling centers and hydration stations are important community assets when outside temperatures become dangerous. Cooling centers provide refuge from the heat, drinking water, and in some cases areas for people to rest. These resources provide safety from the heat to individuals and families in a variety of situations, sheltered and unsheltered. While the majority of cooling centers are found within metropolitan Tucson, other locations include: Catalina, Sahuarita, Green Valley, Arivaca, and Ajo.[147]

Historical extreme heat days

2023 was the hottest year on record globally.[148, 149] In Pima County, there were 176 days above 90 degrees and 89 days above 100 degrees.[150] There were also 18 days above 110 degrees, breaking the previous record of 10 days in 1994.[150] Overall, 2023 tied with 2014 and 2016 as the third warmest year on record in Pima County. 2017 ranks the hottest while 2020 the second.[150]

The City of Tucson's Heat Action Roadmap reports that in 2022, Tucson was ranked the 5th fastest-warming city in the US, and Arizona was the 7th fastest-warming state, based on annual average temperature increases from 1970-2022. Additionally, Tucson is seeing record breaking high temperatures even during non-summer months and the cities heat risk is projected to continue to increase.[151] See the report **here** for more information.

Heat illnesses

Heat-caused illnesses are cases where the primary diagnosis is listed as exposure to excessive natural heat. Heat-related illnesses are cases where exposure to excessive natural heat is listed anywhere in the diagnosis, including heat-caused illness. There is correlation in Pima County between increased temperatures and increased Urgent Care and Emergency room visits.[151]

Rates of heat-related illnesses soared in 2023 both in Pima County and across the state, surpassing the high rates of 2019. In 2023, Pima County's heat-related illness rate was 33.4 per 100,000 while the state rate was 50.5.[152] Rates in Pima County are lower than the state average as seen in *Table 43*. Since 2020, males have had more visits than females each year and in 2022 one in three hospitalizations were from adults aged 65 and older.[144]

Number of Emergency Department (ED) Visits Related to Exposure to Excessive Heat (2019-2022)*[152]

Year	# of ED visits by Pima County residents	Pima County Rate per 100k population	Arizona Average Rate per 100k Population
2019	307	29.4	37.4
2020	214	20.5	29.1
2021	242	22.9	34.6
2022	228	21.3	38.1
2023	358	33.4	50.5
**Arizona residents only*			

Table 43 Number of Emergency Department (ED) Visits Related to Exposure to Excessive Heat (2019-2022)[152]

Heat deaths

Heat-related deaths include deaths where environmental heat exposure is either the primary cause of death (heat-caused) or a significant contributing factor to the death (heat-contributing). Heat-caused deaths have also risen in Pima County and across the state.

In 2023, there were 126 heat-related deaths in Pima County and 43 heat-caused deaths, a 54% increase in heat-caused deaths from 2022 to 2023 (*Figure 51*).[153] One-third (34%) of heat-related deaths in 2023 were caused by heat, a third occurred indoors (37%), and one-third (36%) were deaths in persons experiencing homelessness. Three-quarters of heat-related deaths (75%) occurred in males. While the majority of deaths in 2023 occurred in individuals 40-80 years old (*Figure 52*), 58% of all heat-related deaths in 2023 in Pima County occurred among adults over the age of 60 and one-third (34%) occurred among adults over the age of 70. The majority (87%) of deaths occurred in July and August among individuals who identified as non-Hispanic White (64%, *Table 44*).[153]

Extreme heat exposure also affects the economy through decreased productivity and well-being in outdoor workers. Dehydration due to working outdoors in extreme heat has been linked to acute kidney illness even after a single day of exposure.[154] In 2020, the CDC stated Arizona's rate of work-related injuries, illnesses, and fatal injuries, due to heat per 10,000 full-time workers was 0.8, the second highest in the nation.[155]

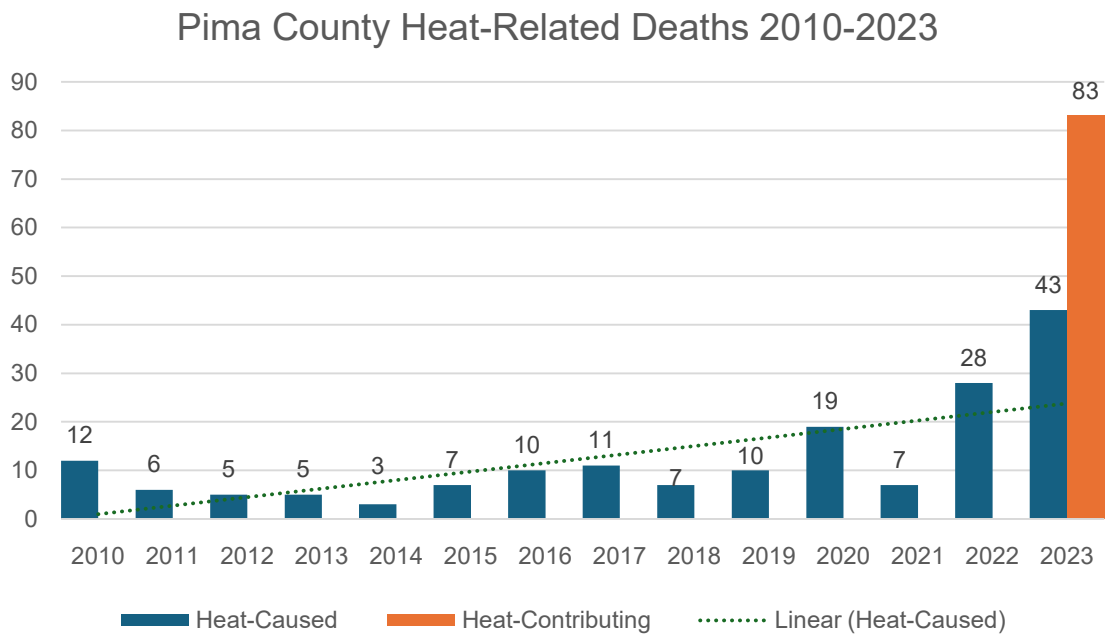


Figure 51 Pima County Heat-Related Deaths 2010-2023[153]

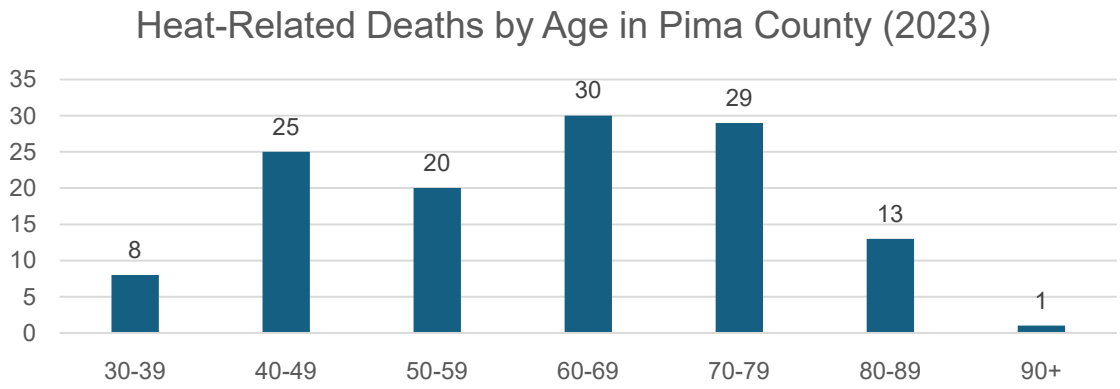


Figure 52 Heat-Related Deaths by Age in Pima County (2023)[156]

Heat-Related Deaths by Race and Ethnicity in Pima County (2023)[153]	
Race or Ethnicity	**Count**
Hispanic	
African American / Black	1
American Indian / Alaskan Native	2
Unspecified	5
White	14
Hispanic Total	*22*
Non-Hispanic	
African American / Black	6
American Indian / Alaskan Native	10
Asian	1
Pacific Islander	1
White	81
Non-Hispanic Total	*99*
Unknown	**5**
Total	**126**

Table 44 Heat-Related Deaths by Race and Ethnicity in Pima County (2023)[153]

Heat disparity, vulnerability, and resilience

The Great Divide In Tucson Temperatures

In 2021, a study looking at the average summer temperatures between 2013 and 2019 found that seven of the 10 hottest neighborhoods in Tucson were found on the south side (see *Figure 53*). The study found that in Tucson, the highest burden of heat is disproportionately felt by communities of color and communities with low adaptive capacity to high temperatures.[157]

Temperatures in southern Tucson are significantly hotter in predominantly low-income and Latino neighborhoods than in predominantly White neighborhoods with higher incomes. Geography and historic disinvestment are major contributors to the temperature and economic disparities between south and north Tucson. Temperatures decrease heading north as the elevation and housing prices climb.[157] Residents in southern Tucson, an area that continues to face the effects of historical disinvestment, systemic racism, and proximity to polluting facilities, have the highest burden of heat and pay more to cool their homes despite making less money on average than their northern counterparts.[158, 159, 143, 157]

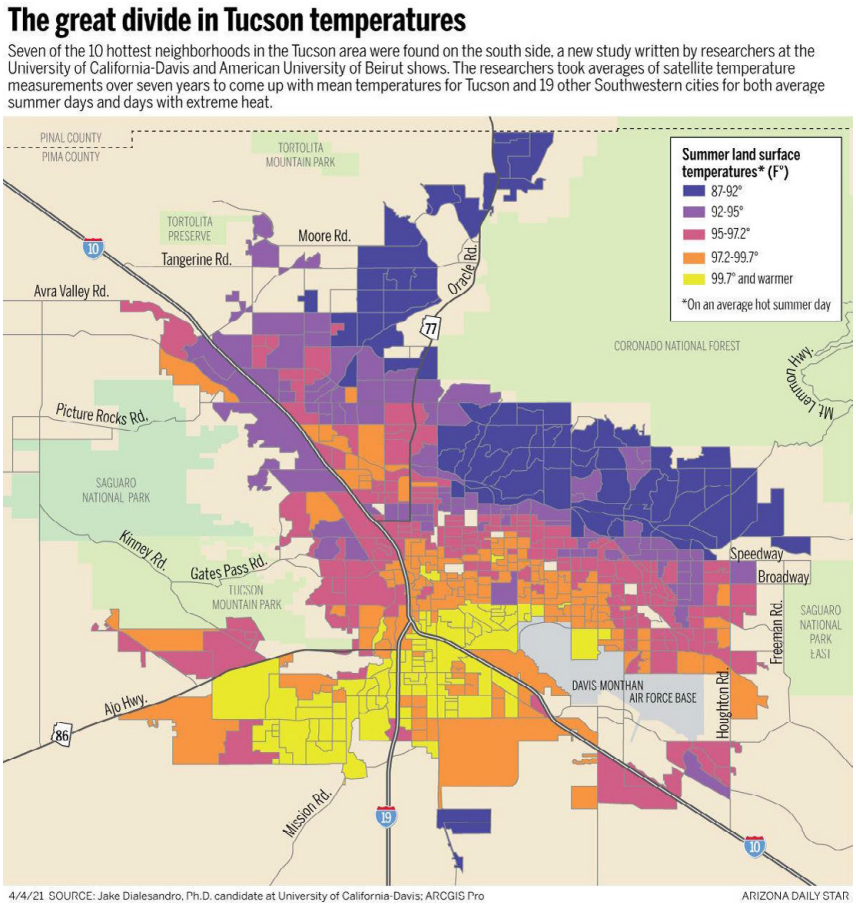


Figure 53 Map of Tucson showing the disparities in summer temperatures between north and south Tucson created by J. Dealesandro[157]

As shown in *Table 45*, over one in three (35%) 2024 Pima County CHNA Survey respondents stated they were financially impacted due to increased utility bills while nearly one in five respondents stated the heat negatively impacted the wellbeing (19%) and safety (18%) of them or their family members. One in seven (14%) stated they experienced heat exhaustion and over one in eight (13%) stated their house was not adequately cooled.[31]

2024 Pima County Community Health Needs Assessment Survey: Over the past two summers, how has extreme heat impacted you or your family?*[31]	
Outdoor activities were limited.	63%
I was financially impacted due to increased utility bills.	35%
Transportation by walking, bike, or bus was challenging or impossible.	28%
I noticed the impact of heat negatively affecting my or family member's well being.	19%
An outdoor job was challenging or dangerous.	18%
I was concerned about my safety or my family's safety under extreme heat.	18%
Caring for my pet was more challenging.	17%
I or a family member experienced heat exhaustion.	14%
My home was not adequately cooled.	13%
A chronic health condition was affected.	11%
The side effects of a medication were made worse.	7%
An indoor job did not have adequate cooling.	7%
A pregnancy or infant care was challenged.	2%
**Respondents were asked to choose all the options that apply.*	

Table 45 2024 Pima County Community Health Needs Assessment Survey: Over the past two summers, how has extreme heat impacted you or your family?[31]

Air Quality

Air pollution is associated with health problems that include increased emergency department visits and hospital stays for breathing and heart problems, asthma, and increases in illnesses such as pneumonia and bronchitis. Long term exposure to air pollution is linked to high rates of fetal and infant mortality and impaired child development, increased risk of lung cancer, impaired cognitive functioning in adults, cardiovascular, respiratory diseases and even diabetes.[144] Air quality is affected by several climate-related factors including heat, drought, and wildfires. Air quality is expected to worsen as the prevalence of each of these is predicted to increase in the future.[154]

Although Pima County has good air quality almost year-round, air pollution is worse during warmer months and can become dangerous when wildfires are active.[154, 144] *Figure 54* describes the number of days with unhealthy air in Pima County from 2020-2023 using the Air Quality Index (AQI), which measures six air pollutants known to be harmful: ozone, particulate matter (PM2.5, PM10), carbon monoxide, sulfur dioxide and nitrogen dioxide.[160] The AQI values range from good (green) to hazardous (dark red), with yellow and orange colors indicating a range of moderate to unhealthy air. *Table 46* describes who is most at risk per pollutant. For most of the year in Pima County, the AQI is good or moderate. The air quality is worse in the summer months, with unhealthy days generally clustered in July and August [160]

Table X. At-Risk Populations by Air Pollutant[160]	
Air Pollutant	**Who's MOST at risk**
Ozone	People with lung disease, children, older adults, people who are active outdoors (including outdoor workers), people with certain genetic variants, and people with diets limited in certain nutrients
PM2.5, PM10	People with heart or lung disease, older adults, children, and people of lower socioeconomic status
CO (Carbon Monoxide)	People with heart disease
NO2, SO2 (NitrogenDioxide, SulfurDioxide)	People with asthma, children, and older adults

Table 46 At-Risk Populations by Air Pollutant[160]

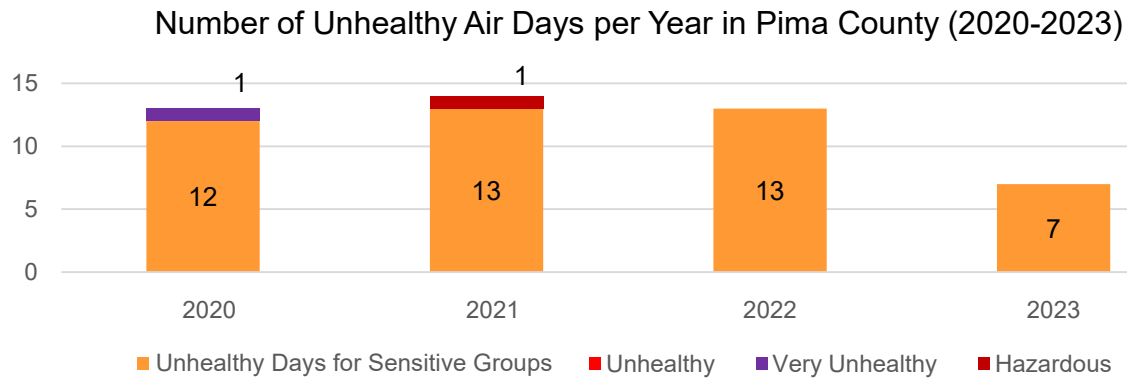


Figure 54 Number of Unhealthy Air Days per Year in Pima County (2020-2023)[160]

Healthy People 2030 Leading Health Indicator: Reduce the number of days people are exposed to unhealthy air.

Wildfires

Wildfires can be caused by natural or man-made phenomena, and can destroy homes, contribute to landslides, threaten public health, and cause economic damage. Smoke from wildfires can hurt your eyes, irritate your respiratory system, and worsen chronic heart and lung diseases. Overall, wildfires are common in Pima County and when they occur, they tend to burn significant amounts of area compared to other metropolitan areas across the state.[144]

According to FEMA's National Risk Index, Pima County's vulnerability to wildfires (compared to the rest of the country) is "Relatively High" with an index score of 99.7 out of 100.[161] In 2020, the Bighorn Fire burned nearly 120,000 acres, the largest fire recorded in Pima County.[162]

Drought

Drought, a natural phenomenon in which rainfall is lower than average for an extended period of time resulting in inadequate water supply, is expected to increase in the future. When water levels run low because of drought, water quality can be affected. Human health is impacted when people ingest low quality water through consumption, contact with the skin, or contaminated foods such as fish. Increased amounts of dust from drought also lead to increased spread of pathogens through the air and damage to the lungs from inhaled particles. Drought can also impact mosquito populations and have negative mental health impacts on both adults and children.[144]

According to FEMA's National Risk Index, Pima County's vulnerability to drought (compared to the rest of the country) is "Relatively High" with an index score of 98.6.[161] *Figure 55* shows droughts increasing in Pima County from 1980 to 2016.[144]

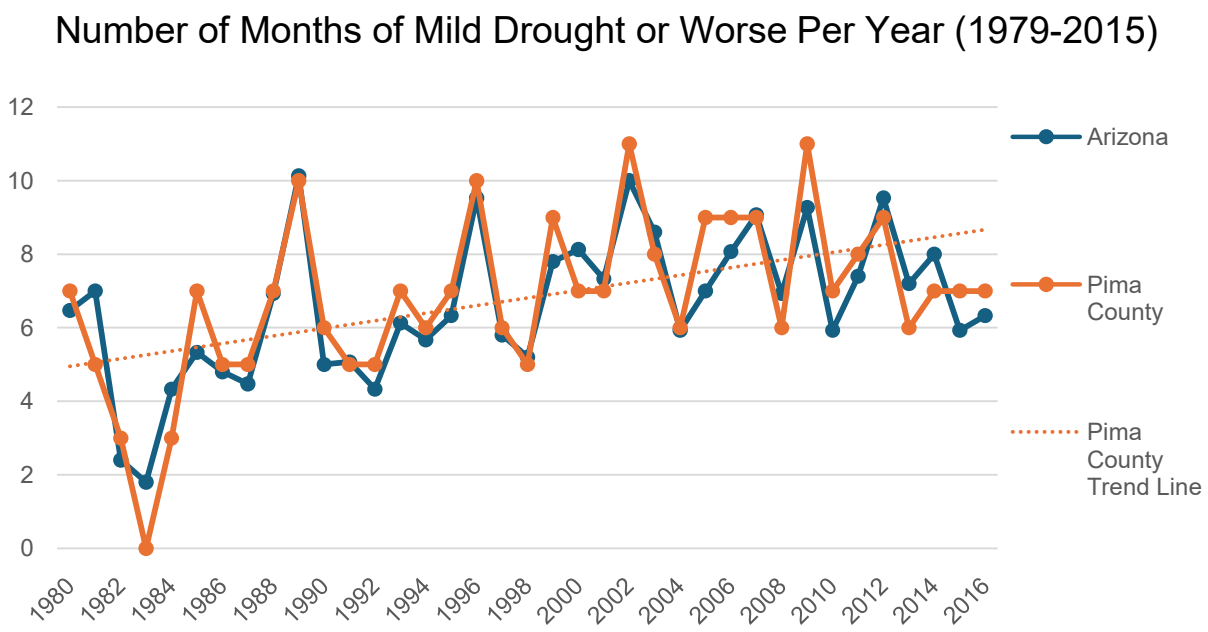


Figure 55 Number of Months of Mild Drought or Worse Per Year (1979-2015).[144]

Climate Change and COVID-19 and other Vector and Zoonotic Borne Diseases

According to the 5th National Climate Assessment, climate change exacerbates infectious disease risk and the likelihood of pandemics like COVID-19 and increases health disparities by worsening their impacts.[163] More frequent and severe weather events not only interrupt supply chains, reduce health care capacity, increase crowding in evacuation centers, but can also increase exposure to extreme environments, like heat, if cooling centers are closed.[163] Additionally, the incidence of coccidioidomycosis (Valley Fever) remains high and is associated with higher air temperatures and drier soils (see Infectious Disease section for more information about Valley Fever).[154]

Social Determinants of Health

As defined by the U.S. Department of Health and Human Services, social determinants of health (SDOH) are "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."[1] The SDOH as defined in this report consist of five domains: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.

Economic Stability

Key Takeaways:

- Pima County has become increasingly unaffordable, as demonstrated by a disconnect between the living wage ($46.47 per hour) and the minimum wage ($14.35 per hour).
- In 2022, the median household income in Pima County was $64,323 per year, compared to $72,581 in Arizona and $75,149 in the US.
- In 2024 for a single working adult with two children, the living wage was $46.47 per hour ($96,657 annually), and the poverty wage was $12.41 ($25,812 annually). The 2024 minimum wage in Arizona was $14.35 per hour.
- The number of unsheltered individuals has increased sharply since 2021.
- One in four renters spends more than 30% of their income on housing costs.

Economic stability refers to the consistent availability of resources and financial security, which play an important role in the well-being of individuals and communities. People are more likely to experience better health outcomes when they have access to stable incomes and livable wages, affordable housing, nutritious food, affordable health care, childcare and other essential resources. Many of the factors that influence economic stability are systemic and driven by policies and social factors beyond an individual's control. Economic stability influences a person's ability to maintain physical, mental, and social well-being, which improves their health outcomes.[164]

Income

In 2022, the median household income in Pima County was $64,323 per year, compared to $72,581 in Arizona and $75,149 in the US. The average household income in 2022 in Pima County was $88,437 per year, compared to $98,569 in Arizona and $105,833 in the US.[8] *Figure 56* shows the per capita mean income in Pima County by race and ethnicity. The income for White and Asian populations is much higher than that of other racial and ethnic groups. The mean income provides the average for all the households in that category but can be influenced by extreme values, for example if there are a few people in the category with an incredibly high income, it can skew the average higher.

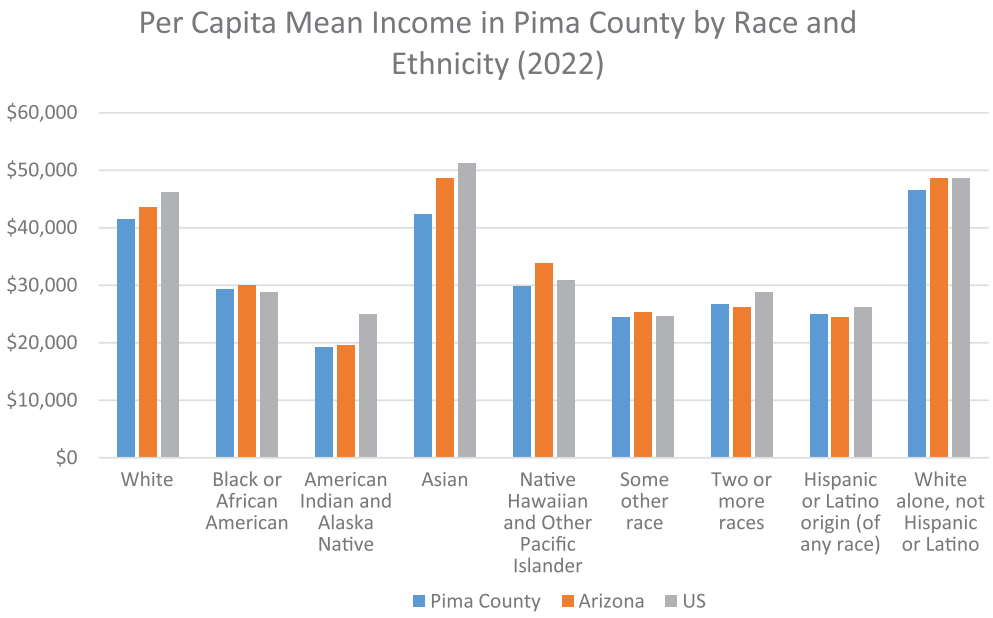


Figure 56 Per Capita Mean Income in Pima County by Race and Ethnicity (2022)[8]

Figure 57 shows the median individual earnings by educational attainment for those 25 years and older who report earnings. The median income for adults with graduate level degrees is two (2.2) times higher than those with a high school degree. The median income provides the middle income of all people in that category, which means that half of people have an income lower, and half have an income higher than that value.

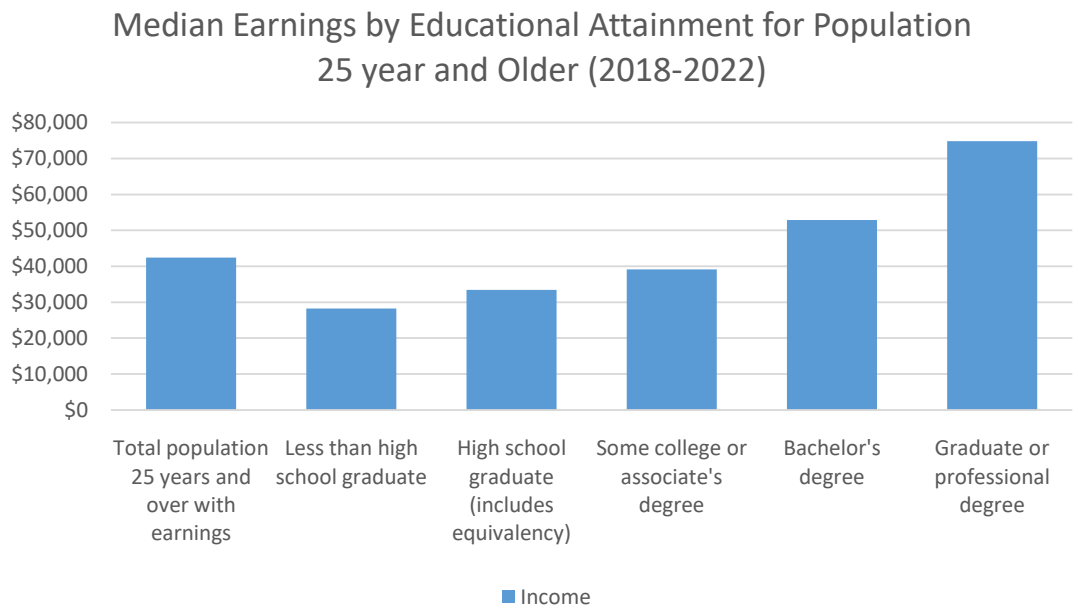


Figure 57 Median Earnings by Educational Attainment for Population 25 year and Older (2018-2022)[8]

Income Inequality

Income inequality, the unequal distribution of income among individuals or households in a society, can have broad impacts and increases the risk for poor health outcomes. Communities with greater income inequality experience increased social stressors, a loss of social connectedness, and lower levels of trust, social support, and sense of community.[30]

One measure of income inequality is the ratio of household incomes in the top 20th percent to household incomes in the bottom 20th percent. A higher number indicates greater income inequality. In Pima County, households with higher incomes had income 4.7 times that of households with lower incomes. This is slightly higher than the ratio of Arizona (4.4) and slightly lower than the ratio in the United States (4.9).[30]

The Gini Index is another measure of income inequality, summarizing how fair or unfair the distribution of wealth is within a society. The Gini coefficient ranges from 0, representing perfect equality in which everyone receives an equal share of income, to 1, representing perfect inequality in which only one recipient or group receives all of the income. In Pima County, the Gini Index is .468, compared to .461 in Arizona and .483 in the US.[8]

One in three (36%) of respondents to the 2024 Pima CHNA survey rated services for residents in need or crisis as "fair."[31]

Poverty

People living in poverty can have reduced access to educational and employment opportunities as well as resources such as health care and healthy foods. This can lead to poorer health outcomes, including a higher risk of developing chronic conditions.[18] One in seven (14.9%) people in Pima County live in poverty, compared to 12.5% of people in Arizona and 12.5% of people in the US.[8]

In Pima County, one in five (19.8%) children live below the poverty level, compared to 17.9% of children in Arizona and 16.7% of children in the US.[8]

In 2023, 29% of SDOH respondents at El Rio Health stated it was hard for them to pay for the very basics like food, housing, medical care, and heating compared to 30% in 2022 and 24% in 2021.[79]

Figure 58 shows the percent of the population living in poverty by race and ethnicity for Pima County, Arizona, and the US. The poverty rate for the Black of African American alone (20.7), American Indian and Alaska Native (31.9) and Native Hawaiian and Other Pacific Islander alone (41.7) populations are above the county (14.9), state (12.5%) and national (12.5%) rates.[8]

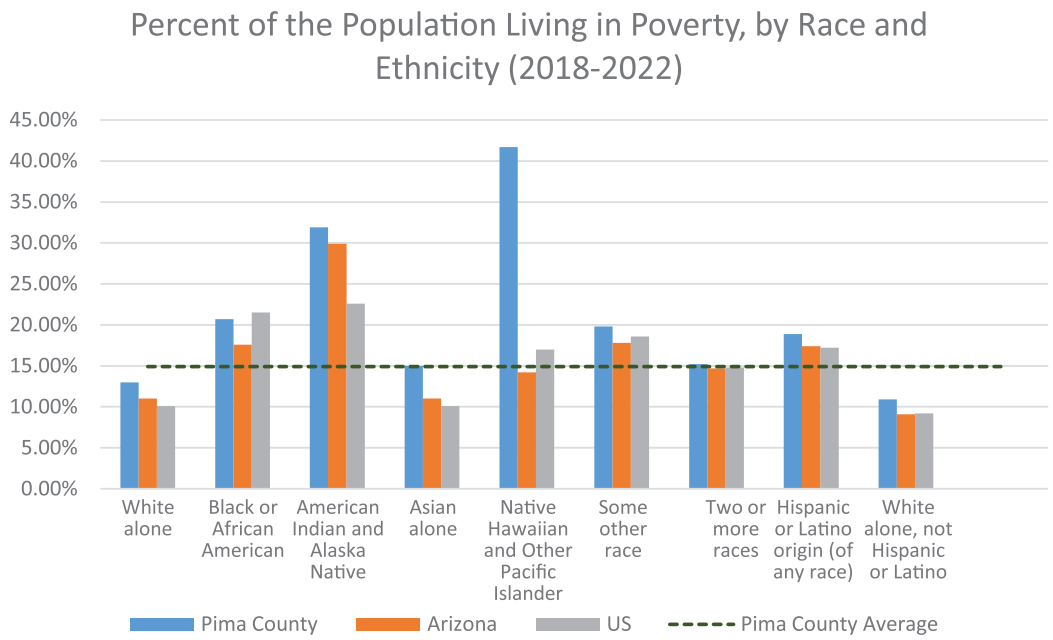


Figure 58 Percent of the Population Living in Poverty, by Race and Ethnicity (2018-2022)[8]

Notable disparity: The percent of Black or African American alone population living in poverty is 1.4 times higher than the Pima County average. The percent of American Indian and Alaska Native alone population living in poverty is 2.8 times higher than that of Pima County. High poverty rates indicate systemic issues, including racism, disinvestment and lack of opportunities, not individual choices or ability.

Data limitation: The Native Hawai'ian and Other Pacific Islander Alone population is very small in Pima County, which may reduce the accuracy of surveillance level data like the Census data sources in the graph above.

Living and Poverty Wage

A *living* wage is the hourly rate that an individual in a household must earn to support themselves and/or their family while working full-time. The living wage is calculated based on living expenses and requirements to meet a family's basic needs. The *poverty wage* refers to the hourly wage that a full-time worker would earn to live at the Federal Poverty Level.[34]

The average family size in Pima County is three.[8] In 2024 for a single working adult with two children, the living wage was $46.47 per hour ($96,657 annually), and the poverty wage was $12.41 ($25,812 annually). The 2024 minimum wage in Arizona was $14.35 per hour.[34]

Notable Finding: The projected living wage for a family of three in Pima County is 50% higher than the actual median household income.

Unemployment

In 2022, the annual average unemployment rate in Pima County was 3.8%, compared to 3.8% in Arizona and 3.6% nationally.[165] Half of respondents (50.8%) to the 2024 Pima County CHNA Survey stated they are employed and 4.5% stated they are unemployed. A quarter of respondents (26.7%) were retired.[31]

2030 Leading Health Indicator: Increase employment in working-age population. Target: 75.0%

Housing Affordability

Housing is considered affordable if a household spends less than 30% of their income on costs their monthly housing costs.[166] Nearly one in three (30.34%) occupied housing units pay more than 30% of gross income on housing costs compared to 29.11% in Arizona and 31.86% in the US. In owner-occupied units, one in five (19.41%) households spend 30% or more of their income on housing costs compared to over two in five (46.75%) of renter-occupied units.[8]

Figure 59 shows the percent of occupied housing units spending 30% or more of their gross monthly income on housing costs by PCA. The percent of households with cost-burdened housing is higher in the Tucson metro area. The PCAs of Flowing Wells, Tucson Central and Tucson Foothills have the highest percent of cost-burdened housing, while the Picture Rocks PCA has the lowest.

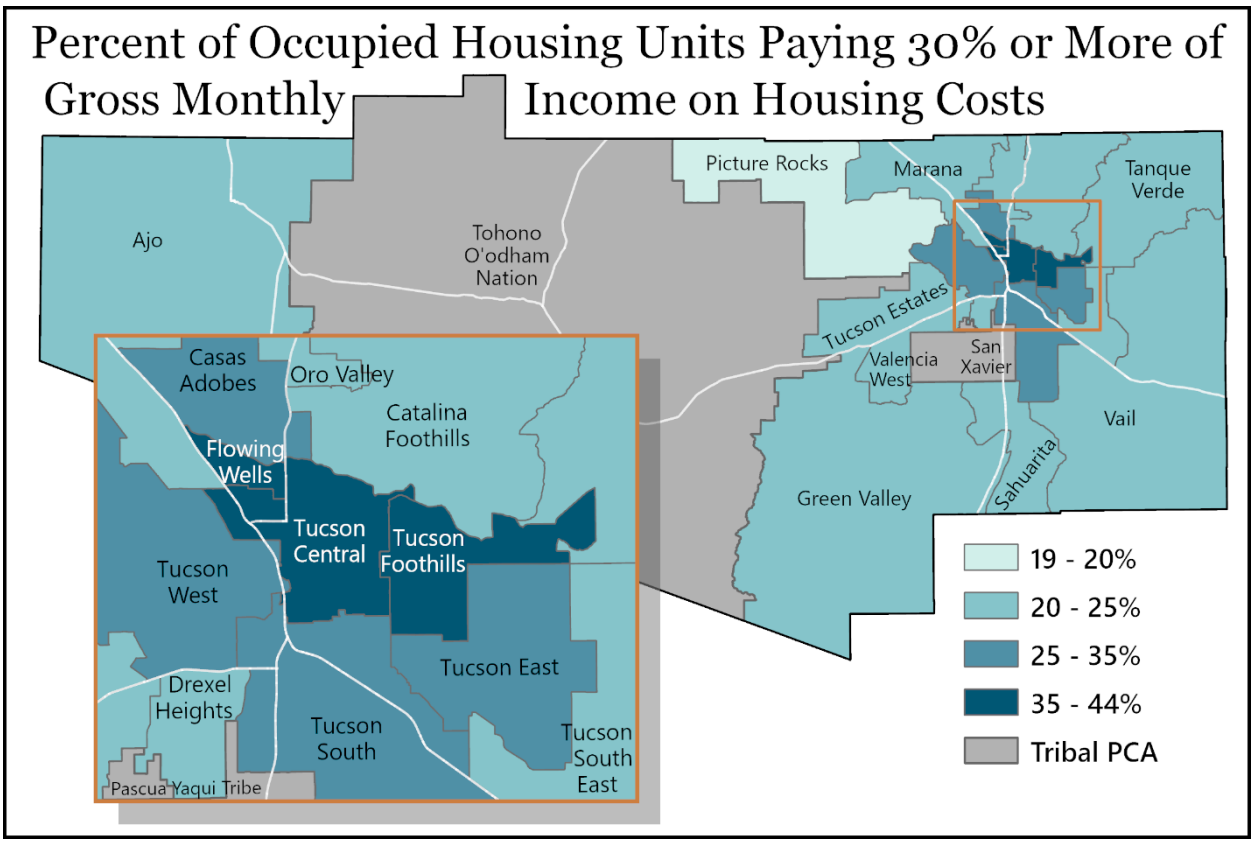


Figure 59 Map of Percent of Occupied Housing Units Paying 30% or More of Gross Monthly Income on Housing Costs ACS 5-year estimates by Primary Care Area (PCA) (2018-2022)[8]

Figure 60 shows the Housing Opportunity Index and the percent of homes affordable to a family earning the median income from 2020 through 2023. There was a sharp decrease in affordability during this time, from nearly three-fourths of families able to afford a home in the first quarter of 2020, to only one-third of families in the final quarter of 2023. In 2023, 32.5% of the homes in the Tucson Metropolitan Area were affordable to a family earning the local median income ($86,000).[35]

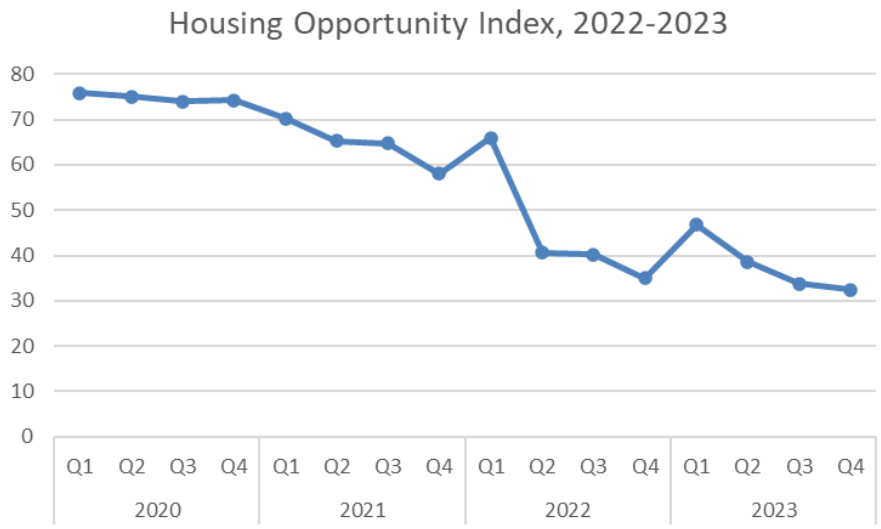


Figure 60 Housing Opportunity Index, 2020-2023[35]

Notable Finding: The percentage of Pima County homes affordable to a median-income household fell from 75% in early 2020 to 33% at the end of 2023.

In 2023, 12% of SDOH respondents at El Rio Health stated there was a time when they were not able to pay the mortgage or rent on time compared to 13% in 2022 and 2021.[79] 1 in 3 (32%) respondents to the 2024 Pima County CHNA Survey stated their access to affordable housing was "fair" compared to 1 in 4 (25%) who stated their access was "very good" and 1 in 5 (22%) who stated it was "poor"[31]

Homelessness and Unsheltered Population

Homelessness affects both physical and mental health and makes accessing health care and daily necessities difficult. People experiencing homelessness are at increased risk for infectious and non-infectious diseases and commonly face mental illness, alcohol and substance use disorder, and management of chronic diseases like diabetes, and heart and lung disease. As a result, people experiencing homelessness often face higher rates of poor health outcomes than people with housing.[167]

Each year, the Tucson Pima Collaboration to End Homelessness conducts a point in time count of persons experiencing homelessness during the last ten days of January. Overall homelessness, unsheltered homelessness, and chronic homelessness have experienced steep increases since 2018, with very slight decreases from 2022-2023 (*Table 47*). "Sheltered homelessness" refers to those living in emergency shelter, transitional housing, and safe havens, while "unsheltered homelessness" refers to those who were not in one of these locations at the time of the count. Chronic homelessness means that one or more adult household member has been homeless for at least a year, or repeatedly over multiple years, while struggling with a disabling condition such

as a serious mental illness, substance use disorder, or physical disability. Sheltered, family and youth homelessness have decreased since 2018 and 2022, while overall, unsheltered, and chronic homelessness have increased sharply in the last five years. Youth homelessness, which includes those aged 18-24, minors and children of young adults, had the largest decrease between 2022 and 2023.[36]

Point in Time Count and Percent Change of Persons Experiencing Homelessness by Characteristic, 2023 [36]			
Population Description	**2023 Point in Time Count (Number)**	**Percent Change 2018-2023**	**Percent Change 2022-2023**
Overall Homelessness	2209	60% increase	1% decrease
Unsheltered Homelessness	1501	300% increase	9% decrease
Sheltered Homelessness	708	30% decrease	22% increase
Chronic Homelessness	789	200% increase	<1% decrease
Family Homelessness	82 families, 272 individuals	21% decrease	43% decrease
Youth Homelessness	129	6% decrease	39% decrease
Veteran Homelessness	172	4 % decrease	14% decrease
Source: Tucson Pima Coalition on Homelessness 2023 Point in Time Count			

Table 47 Point in Time Count and Percent Change of Persons Experiencing Homelessness by Characteristic, 2023[36]

Asset/Improvement: According to the Pima County Point in Time Count, sheltered, family and youth homelessness have decreased significantly since 2018 and 2022.

Access to Food and Food Insecurity

In Pima County, one in ten people (10.9%) will experience food insecurity in 2021. Nearly one in seven (14.7%) children in Pima County experienced food insecurity in 2021. Nearly one in three people (31%) who are food insecure did not meet the income eligibility requirements for the Supplemental Nutrition Assistance (SNAP) program.[168]

The Food Environment Index Score measures an index of factors that contribute to a healthy food environment. The scale goes from 0 (least healthy food environment) to 10 (healthiest food environment). From 2019-2021 in Pima County, the Food Environment Index Score was 7.6, compared to 6.9 in Arizona and 7.7 in the US.[30]

In Pima County in 2022, 12.2% of households received SNAP Benefits, compared to 10.1% in Arizona and 11.5% in the US. Half of those households (52.2%) have children under the age of 18 living with them, and a third of the households (33.3%) have one or more people over the age of 60. Half of the households (50.1%) had one worker in the past year, and a third (31.9%) had two or more workers in the past year.[8] *Figure 61* shows the percent of households receiving SNAP benefits by Primary Care Area (PCA).

In 2023 and 2022, 25% of SDOH respondents at El Rio Health stated that in the last 12 months they were worried food would run out before getting money to buy more compared with 22% in 2021. Similarly, 17% of respondents stated their food didn't last before they had money to get more compared with 20% in 2022 and 2021.[79]

One in six (17%) of respondents to the Pima CHNA survey rated their access to affordable healthy foods as "poor." Two out of three (65%) respondents rated the frequency of having enough finances to pay for food as "very good."

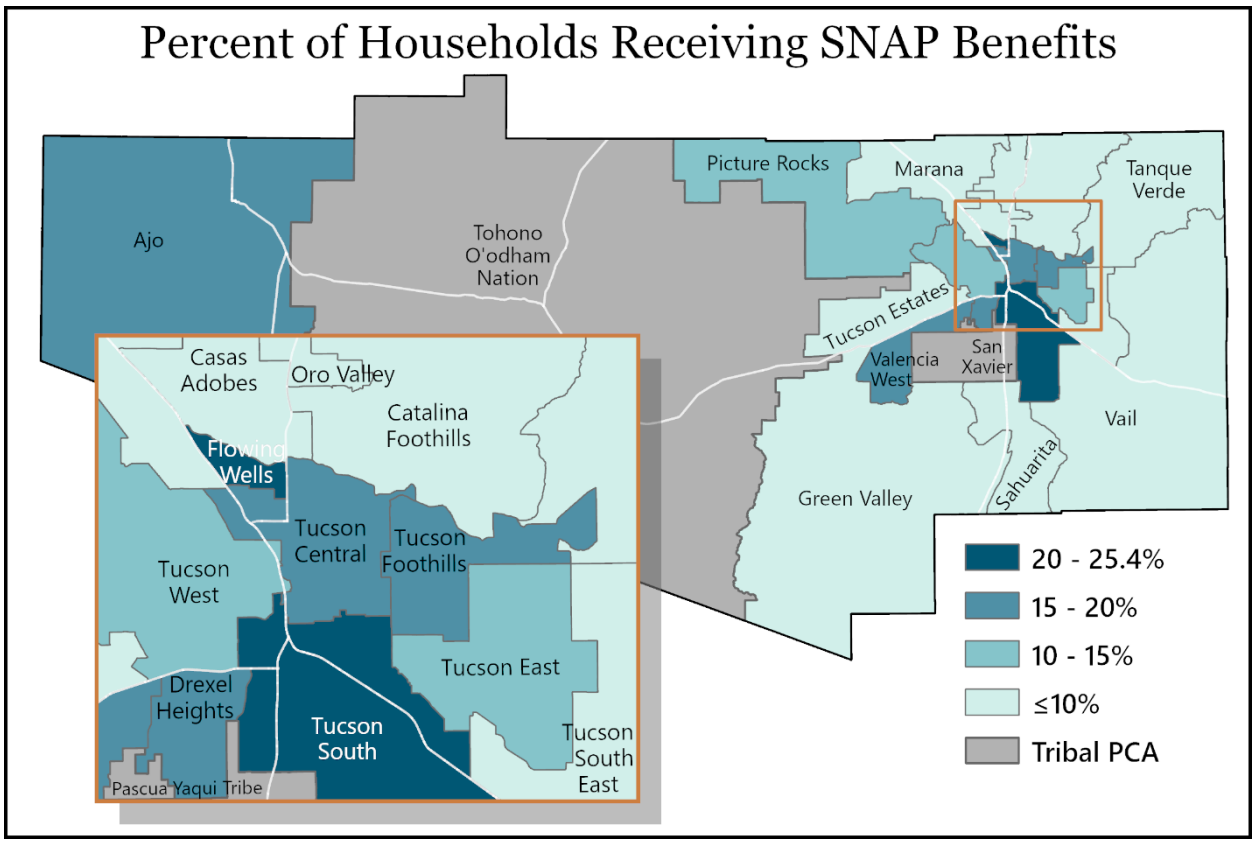


Figure 61 Map of Percent of Households Receiving SNAP Benefits by Primary Care Area (PCA). ACS 5-year estimates (2018-2022)[8]

Notable Finding: One in three people who are food insecure do not meet the income eligibility requirements for SNAP. One in three households on SNAP had two or more workers in the household in the past year.

2030 Leading Health Indicator: Reduce household food insecurity and hunger. Target: 6.0%

Health Care Access and Quality

Key Takeaways:

- The percent of the population with insurance in Pima County is slightly higher than Arizona and the US; however, there are notable differences in insurance access by race and ethnicity.
- 17 of the 20 Primary Care Areas in Pima County are designated Arizona Medically Underserved Areas, and six PCAs are federally designated Health Professional Shortage Areas.
- In 2023, there was 1 mental health provider for every 440 Pima County residents. Access to mental health services in Pima County is better than access across the state, but worse compared to the national average.

The availability, access, and affordability of health care services influence whether an individual can get the services they need for prevention and treatment. Access to health care is influenced by insurance status, cost of care, health literacy, and distance to care.

Access to Primary Care

Arizona Department of Health Services measures access to health care by looking at factors such as population-primary-care physician ratio, travel distance to the nearest primary care physician, poverty, health insurance status, and presence of populations that experience health disparities. These factors determine which primary care areas (PCAs) are designated as medically underserved areas (AzMUAs). Of the 23 PCAs in Pima County, 17 are designated AzMUAs, meaning that the people living in those areas may have less access to primary health care compared to other PCAs in the state (*Table 48*).[169] Similarly, Federal designations for Medically Underserved Areas/Populations (MUA/P) also identify geographic areas and populations that lack access to primary care services. Two of Pima County's PCAs (Marana and Ajo) are identified as Federal MUA/Ps.

The availability of an adequate health care workforce is vital to ensuring access to care. In 2021, there was one primary care physician for every 1,150 people in Pima County. Pima County residents have better access to primary care physicians than a typical Arizona resident (one physician for every 1,500 people) but worse access than the US (one physician per 1,330 people).[49]

Health Professional Shortage Areas are geographic areas with a shortage of primary, dental, or mental health providers.[170] Five out of twenty of Pima County's PCAs have been identified as Health Professional Shortage Areas (HPSAs), meaning they have a shortage of health professionals based on population and community need (*Table 48*).[171]

The Health Resources and Services Administration (HRSA) also provides Maternity Care Target Area (MCTA) scores for certain PCAs.[171] The score ranges from 0-25, where a higher score indicates a greater shortage of maternity health care professionals. Of the Pima County PCAs included in this report, the Ajo PCA has the highest MCTA score. MCTA scores are only available for Primary Care Health Professional Shortage Areas.

Nearly half (47%) of respondents to the 2024 Pima County CHNA Survey rated their access to quality medical care as "fair" while over one in three (36%) stated it was "very good" and one in ten (11%) said it was "poor." Half of respondents (51%) to the Pima CHNA survey rated their frequency of having enough finances to pay for health care services as "very good" while over half (56%) stated they were "always" able to get medical care when it was needed in the past 12 months. One in three stated they were "sometimes" able and only 3% said never.[31]

The use of preventive services is an important indicator for access to primary care. Information about preventive health service utilization can be found in the Chronic Disease Risk Factors section of this report.

Medically Underserved Areas, Health Care Professional Shortage Areas, and Maternity Care Target Areas by Primary Care Area[169, 171]				
Primary Care Area (PCA)	**Designated Arizona Medically Underserved Area (AzMUA)**	**Primary Care Area Health Professional Shortage Areas (HPSA)**	**Mental Health Professional Shortage Area**	**Maternity Care Target Area (MCTA) Scores***
Ajo	Yes	Yes	Yes - High Needs	18
Casas Adobes	No	No	No	N/A
Catalina Foothills	No	No	No	N/A
Drexel Heights	Yes	No	For Low Income Populations	14
Flowing Wells	Yes	No	For Low Income Populations	N/A
Green Valley	No	No	No	N/A
Marana	No	No	No	N/A
Oro Valley	No	No	No	N/A
Picture Rocks	Yes	Yes	For Low Income Populations	12
Sahuarita	No	No	No	N/A
Tanque Verde	Yes	Yes	No	7
Tucson Central	Yes	No	For Low Income Populations	13
Tucson East	Yes	No	No	10
Tucson Estates	Yes	No	No	11
Tucson Foothills	Yes	No	For Low Income Populations	N/A
Tucson South	Yes	No	For Low Income Populations	15
Tucson Southeast	Yes	Yes	No	8
Tucson West	Yes	No	For Low Income Populations	11
Vail	Yes	Yes	Yes	10
Valencia West	Yes	No	No	13
**MCTA scores are only available for Primary Care Health Professional Shortage Areas.*				

Table 48 Medically Underserved Areas, Health Care Professional Shortage Areas, and Maternity Care Target Areas by Primary Care Area[169, 171]

Healthy Pima Indicator: Access to Primary Care and Behavior Health Care: Health Professional Shortage Area (HPSA): a shortage of services available to a population within a geographic area; # of Primary Care HPSAs and # of Mental Health HPSAs

Access to Mental Health Care
In 2023, there was 1 mental health provider for every 440 residents in Pima County. This is better than the ratio of mental health providers to population across the state (1:550), but worse than the national ratio (1:320).[30] As shown in *Table 48*, two PCAs are designated as Mental Health Professional Shortage Areas (MHPSAs), Vail and Ajo, which are designated as high needs. Seven PCAs are designated MHPSAs for the low-income populations living within those areas.[171]

Across Pima County, 8.7% of households reported that at least one person received mental health care services in the past three years, similar to 8.8% of households across the state and nation.[88] One in five participants in the 2024 Pima County CHNA Survey stated they were "always" (22%) or "sometimes" (20%) able to get mental health when they needed it in the past 12 months while one third (31%) said their access to mental health care was "fair" or "very good." Half (50%) of respondents identifying as non-binary or transgender rated their access to quality mental health care as "poor" while one in six (17%) of all comments submitted around SDOH community needs and concerns focused on mental health care access. Among those who reported needing mental health care in the last year, Spanish-language survey respondents had double the proportion of English-language survey respondents that reported 'never' being able to get mental health care.[31]

Access to Substance Use Disorder Treatment
One in six (17%) respondents to the 2024 Pima County CHNA Survey rated their access to substance use treatment services as "fair" while one in ten (10%) rated them as either "very good" or "poor."[31]

Dental Care
In 2022, there was 1 dentist for every 1,490 people in Pima County. Access to dentists was similar across Arizona (1:1,510) but less accessible than the national average (1:1,360).[49]

Insurance Coverage
In Pima County, nine out of ten (90.9%) people have health insurance, similar to Arizona (89.2%) and the US (91.3%).[8] *Figure 62* shows the percent of the population with insurance coverage by age in Pima County, Arizona, and the US in 2022. Adults 19-64 have the lowest rate of insurance coverage across the county, state, and country.[8]

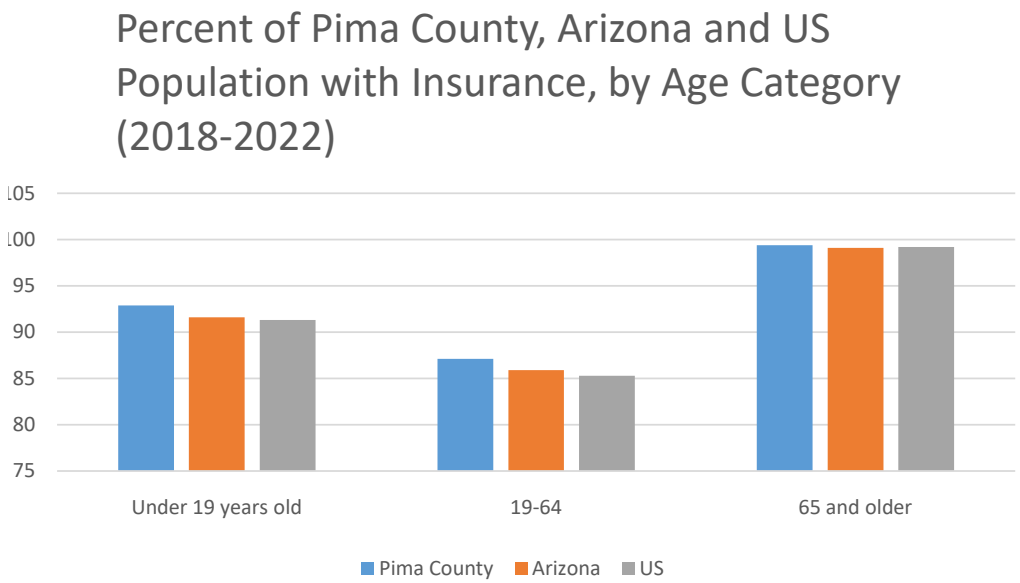


Figure 62 Percent of Pima County, Arizona and US Population with Insurance, by Age Category (2018-2022)[8]

Table 49 shows the percentage of people insured by racial and ethnic group. The percentage of population insured varies by racial and ethnic group. The Asian-alone population has the highest percent insured (95.1%), followed by the White-alone population (92.8%), while the Native Hawaiian and Other Pacific Islander Alone population has the lowest percent insured (71.7%). Populations identifying as Two or More Races (88.4), Hispanic or Latino (any race) (85.5), American Indian and Alaska Native Alone (82.1), Native Hawaiian and Other Pacific Islander alone (71.7) have lower rates of medical insurance compared to the county average (90.9%) although some rates are higher compared to the state and national rates for the same populations.

Percentage of People Insured by Race and Ethnicity in Pima County, Arizona and the US (2018-2022)[8]			
	Pima County	Arizona	US
White Alone	92.8	93.6	93
Black of African American Alone	91	87.7	90.2
American Indian and Alaska Native Alone	82.1	80.8	80.7
Asian Alone	95.1	94.4	93.9
Native Hawaiian and Other Pacific Islander Alone	71.7	86.1	88.5
Some Other Race Alone	83.7	80.8	80.2
Two or More Races	88.4	84	87.4
Hispanic or Latino (any race)	85.5	82.7	82.4

Table 49 Percentage of People Insured by Race and Ethnicity in Pima County, Arizona and the US (2018-2022)[8]

Notable disparities: Populations identifying as Two or more races (88.4), Hispanic or Latino (any race) (85.5), American Indian and Alaska Native Alone (82.1), Native Hawaiian and Other Pacific Islander alone (71.7) have lower rates of medical insurance compared to the county average (90.9%). Populations identifying as Native Hawaiian and Other Pacific Islander alone (71.7) have significantly lower rates of medical insurance compared to the Arizona and US rates for the same population.

Healthy Pima Indicator: Health Insurance: without health insurance coverage, medical care and prescription medications can be prohibitively expensive; % of people with health insurance.

Education Access and Quality

Summary

Key Takeaways:

- Underfunded schools and high rates of poverty among students are key issues affecting education access and quality in Pima County.
- The passing rate for 4th grade math and English language arts assessments have remained consistent in the past few years and are comparable to the state averages.
- Four-year high school graduation rates in Pima lag that of Arizona, and some groups including migrants and special education students graduate at much lower rates than the average.

Access to high quality education opportunities and the conditions in which people learn is linked to better health. The opportunity to participate in high-quality educational opportunities impacts a person's ability to do well in school, attain higher education degrees and higher-paying jobs, and live healthier and longer lives. The quality of learning is also impacted by resources available in school and the conditions in which a child lives; for example, the stress of living in poverty can influence a child's brain development and make it harder for them to succeed in school. Social and systemic conditions, such as poverty, bullying, social discrimination and racism, education policy, low-performing schools, and unaffordable postsecondary education options contribute to poor education and health outcomes.[16]

Education Infrastructure and Funding

Per-pupil expenditure in public schools in Pima County ($10,622) is similar to the expenditures for public schools in Arizona ($10,580) but lower than the US ($13,452) in 2022.[172] In 2021 in Pima County, on average, per-pupil spending among school districts was $3,322 below the estimated amount needed to support students in achieving average US test scores. In Arizona, the per-pupil spending fell short by $2,728.[30] Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district.

Access to high quality early-childhood education options such as Head Start facilities helps to promote healthy social, cognitive, emotional, and physical health as the child grows. Quality programs benefit parents, who can participate in the workforce while children are being cared for and have shown to positively impact a child's life through educational success, earning potential and adult health.[173] In Pima County, there are 4.8 Head Start facilities per 100,000 population, as compared to 3.3 in Arizona and 9.3 in the US.[172]

In the 2024 Pima County CHNA Survey, participants stated that access to quality and affordable childcare (17%), schools for children (17%), and education after high school (20%) was "fair." Only one in ten (9%) rated the ability to have enough finances to pay for childcare or tuition and student loans as "very good."[31]

Proximity to educational facilities is an indicator of access to education. In Pima County, 98.3% of youth live within five miles of a public school, compared to 97.3% in Arizona and 80.4% in the US.[172]

Students in Poverty

In Pima County, nearly one in five (19.3%) people enrolled in school are living in poverty, compared to one in six (17.4%) in Arizona. *Figure 63* shows the percentage of enrolled students who are living in poverty, by grade level. In 2022, more than one in four (28.8%) college undergraduates were living in poverty, and almost more than one in five (22.1%) children in kindergarten were living in poverty (*Figure 63*).[8] For more information on poverty in Pima County, see the SDOH: Economic Stability section.

Notable Finding: More than one in four college students and one in five kindergarten students were living in poverty in 2022.

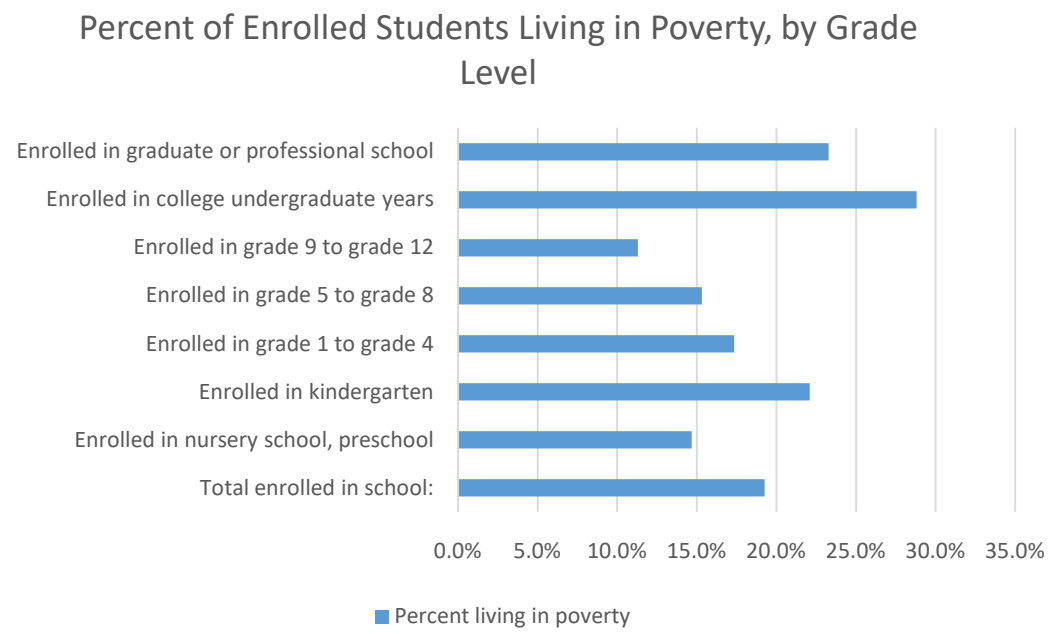


Figure 63 Percent of Enrolled Students Living in Poverty, by Grade Level[8]

High School Graduation

Figure 64 shows the percent of students in each cohort who graduate from high school in four years, by student cohort. A student cohort is defined by the year a freshman class would expect to graduate in four years, so a class entering as freshmen in 2019 would be classified as the 2023 cohort. The percentage of students who graduate in four years in Pima County is consistently lower than Arizona's percentage.[174]

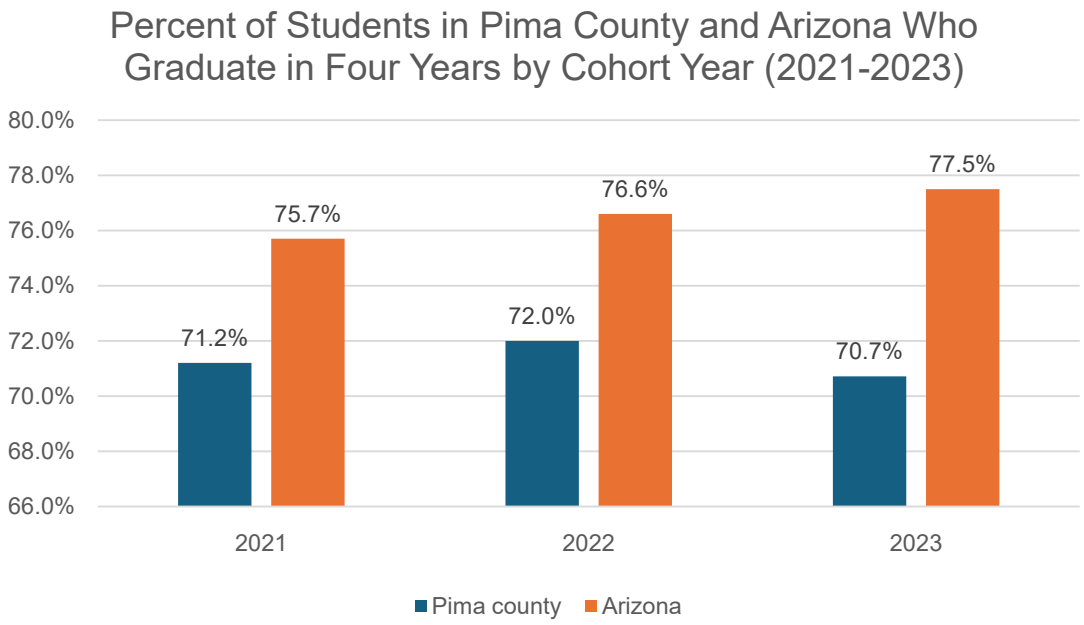


Figure 64 Percent of Students in Pima County and Arizona Who Graduate in Four Years by Cohort Year (2021-2023)[174]

Figure 65 shows the four-year graduation rate for the 2023 cohort by select student characteristics. Students in Income Eligibility 1 or 2 (a categorization for low-income students to assess eligibility for federal assistance) and English learners was like or better than the county rates. Students who were migrants, experiencing homelessness, or in special education had lower rates of four-year graduation than Pima County as a whole.[174]

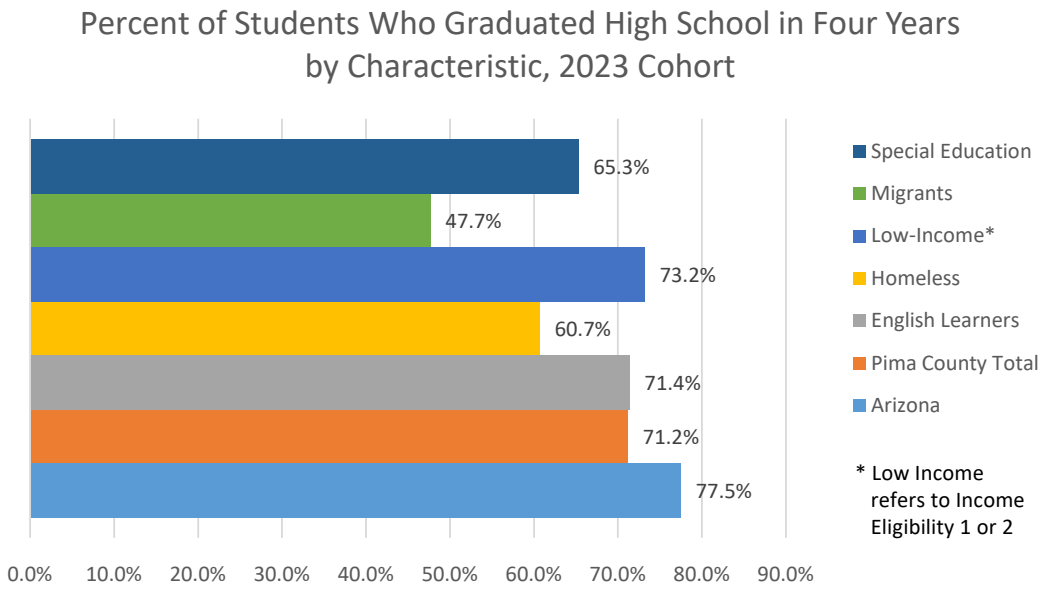


Figure 65 Percent of Students Who Graduated High School in Four Years by Characteristic, 2023 Cohort [17]

English and Math Proficiency

Children with poor reading skills are more likely to struggle in school and to take part in risky behaviors as adolescents. Conversely, children who are better at math are more likely to do well in school, which is linked to better health outcomes.[175] *Figure 66* and *Figure 67* show the percentage of all students as well as 4th graders specifically in Pima County and Arizona who passed their mathematics and ELA assessments respectively. The passing rate for both assessments for all students and 4th grades has remained consistent over the last three years (2021-2023) despite a significant drop in the state passing rates in 2023. The passing rate for ELA assessments is slightly higher than the mathematics assessments in Pima County.[174]

2030 Leading Health Indicator: Increase the proportion of 4th-graders with reading skills at or above the proficient level. Target: 41.5%

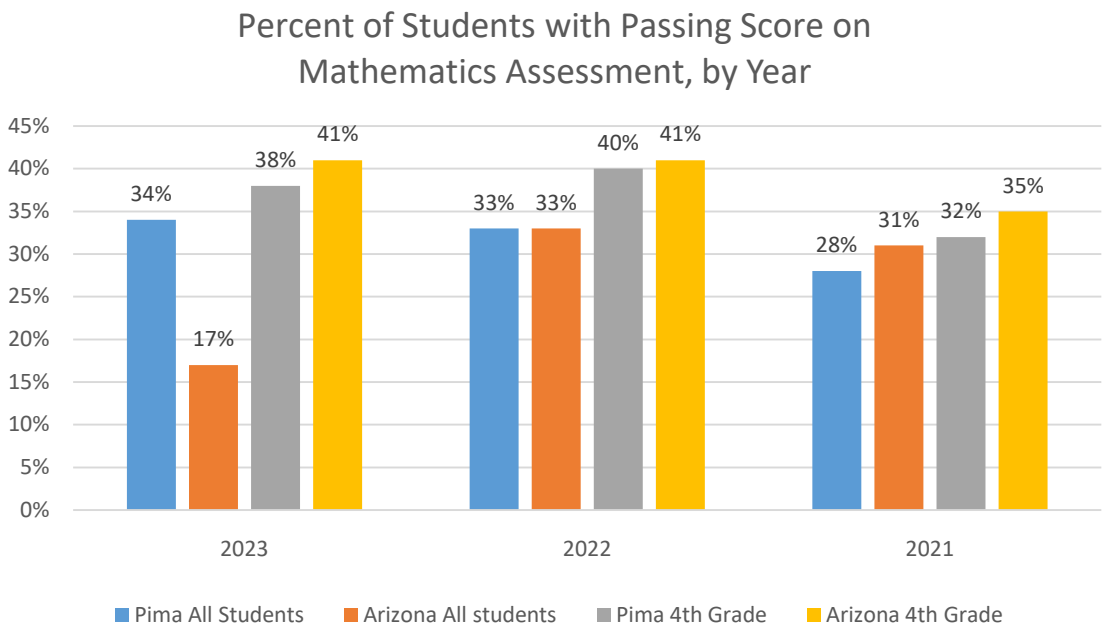


Figure 66 Percent of Students with Passing Score on Mathematics Assessment, by Year[174]

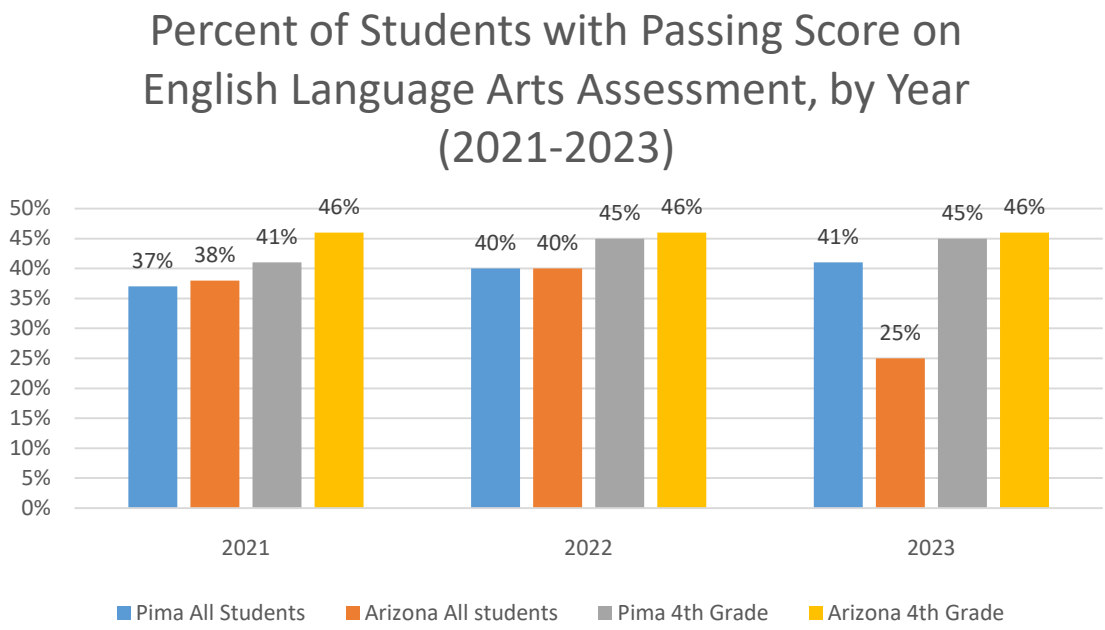


Figure 67 Percent of Students with Passing Score on English Language Arts Assessment, by Year (2021-2023)[174]

Social and Community Context

Key Takeaways:

- Pima County has a medium to high level of social vulnerability. Six in ten youth have experienced an Adverse Childhood Experience, and property and violent crime rates are higher than the state and national rates.
- Conversely, six in ten youth have high protection against adverse behavioral and environmental factors, and the voter participation rate in Pima County is slightly higher than the state and national average.

Social and community context refers to interactions with family, friends, co-workers, and other community members, which can impact well-being. Positive and supportive relationships at home, work and in the community can help to reduce the negative impacts of unsafe environments and promote overall well-being.[44]

Data limitation: Much of the data on social and community context comes from older datasets (before 2020) or from small datasets like the Arizona Youth Survey. While these data sources provide the most recent and valuable insight into these issues, it is important to note that the small sample sizes limit generalizability.

Social Vulnerability

The Social Vulnerability Index (SVI), created by the Centers for Disease Control and Prevention, is a tool that measures communities' vulnerability to disaster based on factors including socioeconomic status, household composition, and access to resources. The index score ranges from 0 to 1, with a higher number indicating more vulnerability. The Pima County Social Vulnerability Index Score is .57, indicating a medium to high level of vulnerability. This indicates that Pima County may need more support before, during or after disasters to respond effectively and decrease human suffering, economic loss and health inequities.[176]

The Arizona Social Vulnerability Index (AZSVI) incorporates a fifth theme into the CDC SVI, with factors that were determined by the community to be specific to the experience of Arizona residents (and which are not already in the national SVI). These include rent burden, food insecurity, population density, air quality, tree cover, heat vulnerability, water costs, and internet access.[177] *Figure 68* shows the sum of flags for all five themes. A Census tract receives a flag for any indicator within the 5 themes that is over .90 percentile. More flags, indicated by the darker blue colors in the map, indicate a higher level of social vulnerability. Eleven is the highest number of flags in Pima County, while the lowest is zero.

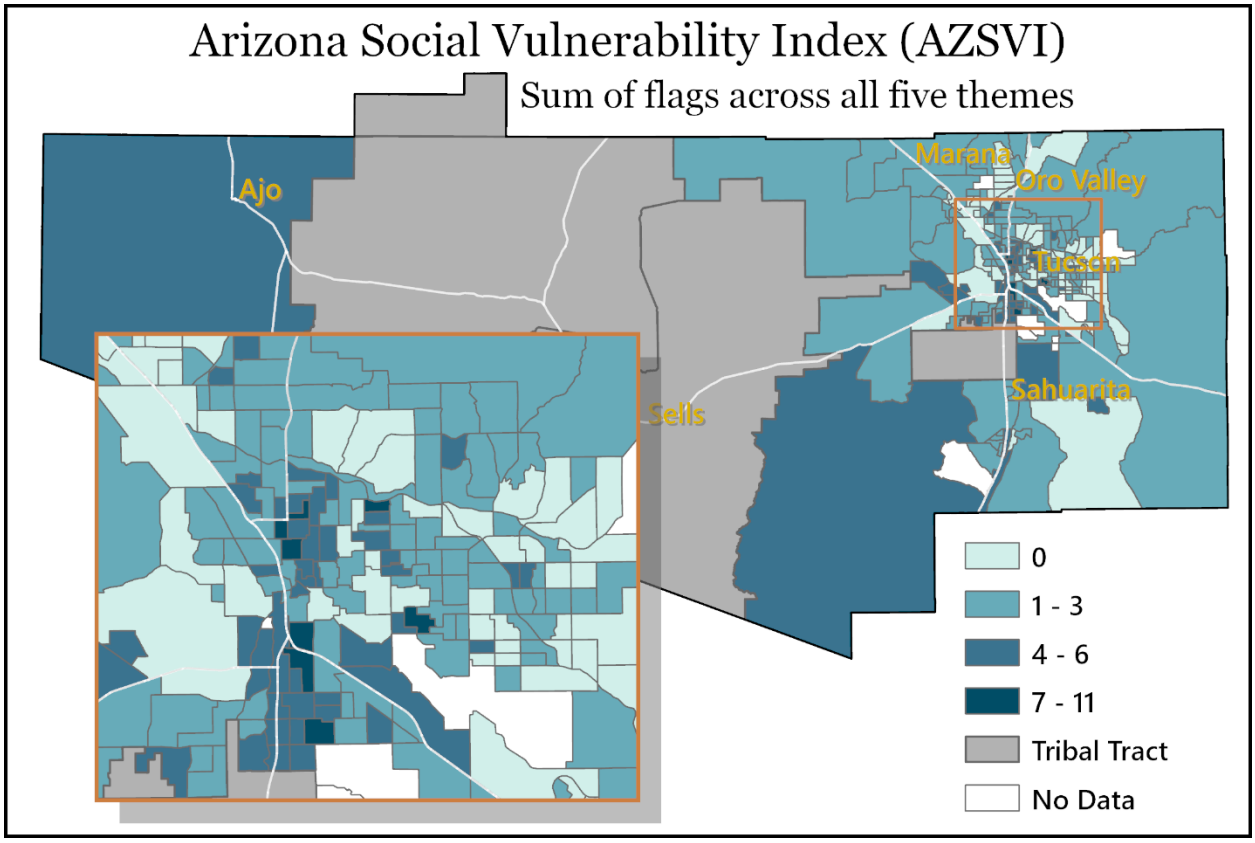


Figure 68 Map of Arizona Social Vulnerability Index (AZSVI): Sum of flags across all five themes by Census Tract[158]

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are potentially traumatic experiences that occur in childhood (0-17 years old) that are linked to chronic health problems, mental illness and substance use problems in adolescence and adulthood. ACEs include events that a child experiences as well as aspects of the environmental factors experienced in childhood.

The Arizona Youth Survey includes several ACES questions, which are summarized in *Table 50*. In Pima County, more than 6 in 10 (62.8%) of the 2022 participants experienced at least one ACE.[24]

Adverse Childhood Experiences among Participants in the 2022 Arizona Youth Survey[24]				
	% 8th graders	% 10th graders	% 12th graders	% total sample
Ever lived with an alcoholic	24.3	30.9	31.4	28.6
Ever lived with a drug user	14.2	19.5	17.4	17.2
Ever lived with someone who has been incarcerated	23.9	25.9	20.8	24.2
Parents ever separated or divorced	39.8	40.6	42.7	40.7
Ever lived with parents who fought each other	12.2	15.6	15.1	14.3
Ever lived with adults who insulted or put you down	27.1	35.6	35.7	32.6
Source: 2022 Arizona Youth Survey				

Table 50 Adverse Childhood Experiences (ACEs) among Participants in the 2022 Arizona Youth Survey[24]

Youth Protective Factors

Protective factors are personal and environmental factors that decrease the likelihood that a young person will engage in problem behaviors. Protective factors include community, family, school and peer and individual factors that promote prosocial involvement, relationships and interactions with their peers, family, school, and community. In the 2022 Arizona Youth Survey Pima County sample, six in ten (61.9%) student participants had high protection, defined as the percentage of students who had four or more protective factors operating in their lives[24].

Data limitation: The **Arizona Youth Survey (AYS)** is cited in this portion of the report. Every 2years, 8th, 10th, and 12th graders across the state take the survey to assess various behaviors such as drug and alcohol use, gang membership, and other risky youth behaviors. The 2022 participation rate in Pima County was among the lowest in the state reaching 10% of eligible students.

Healthy Pima Indicator: Adverse Childhood Events (ACEs): ACEs are traumatic events, such as neglect and abuse, that occur from 0-17 years of age; Rates of Ace scores (people with 0, 1, 2, 3 or 4+ ACEs)

Domestic Violence

The Arizona Coalition to End Sexual and Domestic Violence (ACESDV) documents domestic-violence related fatalities by monitoring news reports and media stories. The data method is not exhaustive, but it provides the best available estimate for domestic violence related deaths. Arizona consistently ranks among the states with the highest homicide rates of women murdered by men. Between 2009 and 2022, there were 1,459 domestic violence related deaths in Arizona. In Pima County in 2022, ACESDV reported 12 victims killed due to domestic violence.[178]

In 2023 987 (3%) SDOH respondents at El Rio Health stated that in the last year they were humiliated or emotionally abused by their partner or ex-partner while 566 patients stated they were afraid of them. 220 patients stated they had been physically hurt and 147 said they had been sexually assaulted by their partner or ex-partner (percentages shown in *Table 51*). The rates of experience with intimate partner violence among participants remained low but steady from 2021-2023.[79]

Percentage of SDOH Responses from Patients at El Rio Health Regarding Intimate Partner Violence (2021-2023)[79]	2023	2022	2021
Within the last year, have you been afraid of your partner or ex-partner?	2%	2%	2%
Within the last year, have you been humiliated or emotionally abused in other ways by your partner or ex-partner?	3%	3%	4%
Within the last year, have you been kicked, hit, slapped, or otherwise physically hurt by your partner or ex-partner?	1%	1%	1%
Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?	0%	0%	0%

Table 51 Percentage of SDOH Responses from Patients at El Rio Health Regarding Intimate Partner Violence (2021-2023)[79]

Data limitation: There is limited data available about sexual and domestic violence.

Social Isolation and Loneliness

Loneliness is the feeling of being alone, regardless of the amount of social contact, while social isolation refers to lack of social connections. Loneliness and social isolation, particularly in older adults, can increase a person's risk of premature death, dementia, health disease, stroke, and mental health challenges.[179]

In Pima County, one in four (25.1%) adults over age 50 have a high loneliness score based on the 2016 National Social Life, Health, and Aging Project Survey, compared to 27% in Arizona and 20% nationwide. Almost half (47.8%) of adults over 65 in Pima County have a high social isolation risk score based on a calculation using the 2019 ACS 5-year estimates, compared to 48.2% of adults over 65 in Arizona.[28]

Half (49%) of respondents to the 2024 Pima CHNA survey rated their connection with others, such as community, friendships, family, faith groups to be "very good" as did two in five (43%) who stated opportunities to be in spiritual/cultural/religious events was "very good." One in four respondents (25%) rated their access to programs and activities for seniors 65+ as "very good." Similarly, half of all respondents (52%) rated acceptance of all people (different cultures, identities, etc.) as "very good."[31]

Data limitation: Social isolation and loneliness and their relation to health outcomes have garnered increased interest in recent years, especially considering the social challenges of the COVID-19 pandemic. The available data cited here, however, are from before the pandemic.

Public Safety

Table 52 shows several metrics related to public safety. Pima County has higher rates of property crime, violent crime and accidental death compared to Arizona and the US. Property crimes include burglary, larceny, and motor vehicle theft. Violent crime includes murder, nonnegligent manslaughter, robbery, aggravated assault, and rape. The Pima County government spends $621 per capita on health and emergency services, more than Arizona ($544) and the US ($358). Pima County also has a higher rate of public safety professionals in the population (1.10%) as compared to Arizona (.95%) and the US (.73%)[172]. One in three (32%) respondents to the 2024 Pima CHNA survey rated feeling safe in public spaces and over half (56%) rated feeling safe in one's home as "very good."[31]

The age-adjusted rates of total firearm deaths from 1999-2020 in Pima County was 16.0 per 100,000, compared to 15.3 per 100,000 in Arizona. This rate is the median of all counties in Arizona, seven counties have lower rates, and seven counties have higher rates.[180]

Public Safety Metrics of Pima County Compared to Arizona and the US, rates per 100,000 population[172]

Metric	Pima County	Arizona	US
Property Crime Rate (2020)	4,348.6	3,082.6	1,673.7
Violent Crime Rate (2020)	470.1	431.8	204.5
Source: US News and World Report Healthiest Counties Profile			

Table 52 Public Safety Metrics of Pima County Compared to Arizona and the US, rates per 100,000 population[172]

Civic Participation

Civic participation includes a wide range of activities that benefit society or members within a group. Examples include voting, volunteering, participating in group activities (e.g. recreational sports league), or community gardening. Civic participation builds social capital, strengthens social networks, and helps individuals develop a sense of purpose, all of which have positive impacts on mental and physical health and well-being.[181]

In Pima County, the voter participation rate was 69.9%, slightly higher than the state (69.0) and the US (66.0%).[172] One in five (41%) respondents to the 2024 Pima CHNA survey rated the ability to communicate with local leaders as "fair."[31]

Neighborhood and Built Environment

Key Takeaways:

- Nearly 9 in 10 Pima County residents have adequate access to locations for physical activity and 6 in 10 residents can walk to destinations such as libraries, museums, or playgrounds.
- From 2014 to 2022, the number of pedestrians killed by motor vehicles increased by 243% and the Tucson metro area ranks third in the nation for pedestrian fatalities (4.16 per 100,000).
- Access to technology is widespread among Pima County residents. Nearly nine in ten households have a broadband internet connection and less than one in twenty households report having no access to computing devices such as a smart phone or laptop.

The places where people live, exercise, and commute have a major impact on health and wellbeing. The built environment includes the structures we live in, the systems that deliver water, electricity, and internet, and infrastructure such as roads and bridges.[45] Aspects of one's neighborhood and built environment are social determinants of health, because housing quality, access to safe exercise opportunities, and community violence can directly and indirectly affect someone's ability to live a healthy life.[182] For example, access to safe places to play and walk, such as parks, safe streets, trails, and greenways, is important for physical activity. It is also important to be able to safely and easily walk, bike, or take transit to everyday destinations such as homes, workplaces, schools, parks, health care, and food outlets.[183] For more information about air quality, see the Climate Change and Resilience section, and for more information on community violence, see the Community and Social Context section.

Access to Exercise Opportunities

Among people living in Pima County, 86% have adequate access to locations for physical activity in 2023, similar to Arizonans (85%) and people nationally (84%).[30] Around 62% of residents in Pima County live within a half mile of a walkable destination such as a library, museum, or playground. This is slightly less access than the average Arizonan (69%), but higher than people nationally (34%).[172] Half (50%) of the respondents to the Pima CHNA survey rated access to parks and green space as "very good."

Nearly half (52%) of respondents to the 2024 Pima CHNA survey rated access to public libraries and community centers as "very good." Very few respondents (8%) rated access to educational programs as "very good."[31]

Transportation Access

Public transportation in the City of Tucson became free in March 2020, and remained free at the time this report was written. In 2022, just under 2% of employed people in Pima County used public transportation to commute to work, 2% walked to work and 1.1% biked to work. It is

estimated that 7.2% of Pima County households do not have any vehicle available and more than one third of households (37.2%) have 1 vehicle available.[8] In 2023, 2022, and 2021, 8% of SDOH respondents at El Rio Health stated that in the last 12 months a lack of transportation kept them from medical appointments or getting medications, and from meetings, work or the things needed for daily living.[79] Over one in four (28%) respondents to the 2024 Pima CHNA survey rated their access to quality public transportation as "fair."[31]

The U.S. Department of Transportation's Equitable Transportation Community (ETC) Explorer provides a view of transportation challenges faced by communities and their impact on well-being and opportunities. Long commute times and limited access to personal vehicles can create significant barriers to employment, while high walkability and frequent public transit options can provide greater access to employment and resources. Within the Arizona Percentile Rank in *Figure 69*, three categories are compiled and calculated for cost burden. Communities with higher scores receive a greater number of flags for spending a greater percentage of household income on: transportation, including transit costs; vehicle maintenance and insurance costs; gasoline and fuel, which leaves less money for housing, medical care and food potentially leading to households living in substandard housing with higher rates of chronic illness and obesity. In Pima County there are many areas experiencing high rates of transportation cost burden, even within densely populated areas.[184]

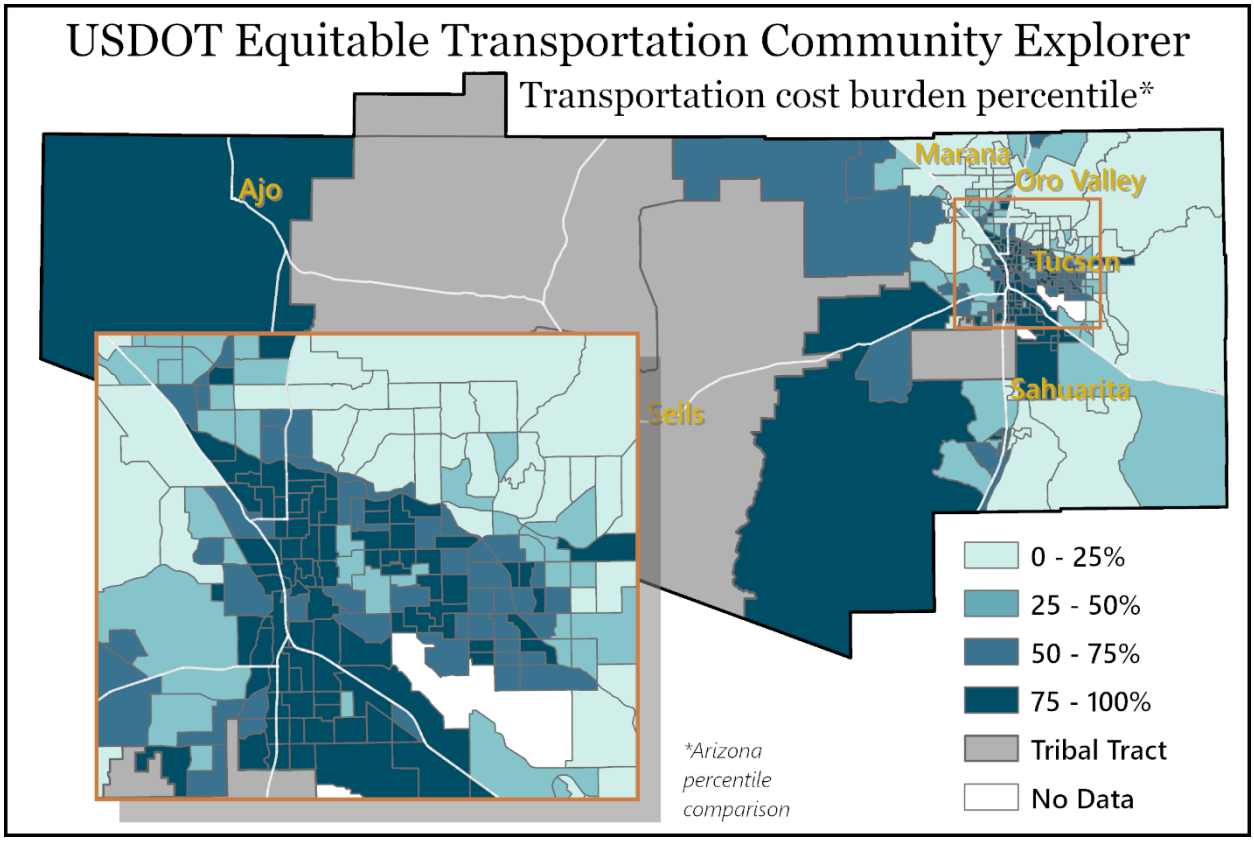


Figure 69 Map of USDOT Equitable Transportation Community Explorer: Transportation cost burden percentile by census tract[184]

Transportation Safety

According to data from the U.S. Department of Transportation, Pima County ranks in the top 50 counties in the U.S. for roadway fatalities using data from 2017-2021.[38] Diverse factors can increase or decrease roadway safety, such as seatbelt use, distracted driving, speeding, driver fatigue, drug use, and appropriate roadway signage.[185] *Table 53* shows the motor vehicle mortality rate in Pima County from 2020-2022. In 2022, men accounted for 74% of motor vehicle-related deaths.[33] Nearly half (48%) respondents to the 2024 Pima CHNA survey rated feeling safe while driving as "fair" while one in five (22%) rated their safety as "very good."[31]

While 42% of decedents in motor vehicle crashes are either the driver or a passenger, pedestrian deaths in Pima County have increased by 243% from 2014 to 2022. The Tucson metro area ranks third in the nation for the pedestrian deaths with a rate of 4.16 deaths per 100,000 population from 2018-2022. The number of deaths over the 5-year time period (217) was more than double that of the previous 5 years from 2013-2017 (105).[37]

Pima County Motor Vehicle Deaths and Death Rates (2020-2022)[33]			
Year	2020	2021	2022
Number of motor-vehicle-related deaths	182	199	214
Motor-vehicle related death rate per 100,000	17.3	18.8	20.2

Table 53 Pima County Motor Vehicle Deaths and Death Rates (2020-2022)[33]

A quarter of all motor vehicle crash deaths involved alcohol impairment from 2016-2020, down from 41% in 2008.[49] *Figure 70* shows motor vehicle deaths by incident type in 2022.[33] In 2022, the Pima County Medical Examiner investigated 72 pedestrian motor vehicle deaths. A toxicology test was conducted on 51 of the decedents, and 78% had a positive toxicology result.[33] For more information on the drugs involved in pedestrian fatalities, see the Substance Use Section.

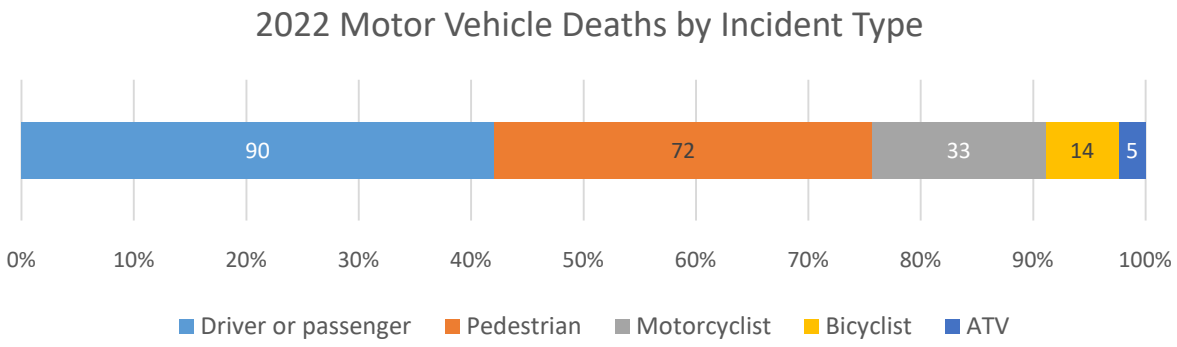


Figure 70 2022 Motor Vehicle Deaths by Incident Type[33]

Notable Finding: Pedestrian deaths in Pima County have increased by 243% from 2014 to 2022 and the Tucson Metro area ranks third in the nation for pedestrian fatalities.[33, 37]

Notable Finding: A quarter (25%) of all motor vehicle crash deaths involved alcohol impairment from 2016-2020, down from 41% in 2008.[49]

Housing Quality

In Pima County from 2016-2020, about one in six (17%) households experienced at least one of the following severe housing problems: overcrowding, high housing costs, lack of kitchen facilities or lack of plumbing facilities, the same proportion as Arizona and US households.[30] Over 1,700 (0.4%) housing units lacked complete plumbing facilities and over 3,300 (0.8%) housing units lacked complete kitchen facilities in 2022.[8]

Computer and Internet Use

In 2022, 89.7% of households in Pima County had a broadband internet connection and 95.2% of households had one or more computing devices.[8] More hospitals and health systems are using internet-based communication and health care tools; therefore, strategies to increase broadband internet access are important for improving health. Telehealth increases access to care and reduces hospital visits and stay times while reducing costs and improving patient care. Access to reliable and high-speed internet is also important for education, the economy, building community, and maintaining a modern workforce.[186] Nearly half (48%) respondents to the 2024 Pima CHNA survey stated their access to high speed internet was "very good" compared to over one third (36%) of respondents who stated it was "fair."[31]

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Appendix A: Key Informant, Focus Group and Community Forum Participant Characteristics

Key Informant Interview Participant Characteristics

41 individuals participated in key informant interviews, representing 30 organizations from a range of sectors. *Table 54* lists the organizations that were represented by key informant interview participants. Some organizations had multiple affiliates participate in key informant interviews. One or more of the following categories were chosen to indicate the type of organization represented by key informants: Clinic or health provider (12, 29.3%), Nonprofit (15, 36.6%), Government (includes health department) (5, 12.2%), Education (4, 9.8%), Behavioral and mental health/ SUD treatment (2, 4.9%), First responders - EMS, law enforcement, fire (1, 2.4%), Community leader (e.g. faith leader) (3, 7.3%), Health plans (2, 4.9%), Assisted living, skilled nursing, long-term care (3, 7.3%), Academic/Research (7, 17.1%), Other (2, 4.9%). Other organizations identified as community education foundation, advocacy (1), and retirement community (1).

Organizations represented by the key informant interview participants	
• Arizona Complete Health • Banner - University Family Care • Catholic Community Services- Casa Alitas • Center for Neurosciences Foundation • City of Tucson Housing and Community Development Department • Coalition for African American Health and Wellness and Inter-Denominational Minstrel Alliance Health and Wellness • Community Food Bank of Southern Arizona • Desert Senita Community Health Center • Direct Advocacy & Resource Center • Emerge Center Against Domestic Abuse • El Rio Health • First Things First	• Flowing Wells Unified School District • Green Valley Council • HOPE Inc • International Rescue Committee - AZ • La Frontera • Literacy Connects • MHC Healthcare • Pima Community College • Pima County Department of Environmental Quality • SAAF- Southern Arizona Aids Foundation • St. Luke's in the Desert, Inc • TMC – Tucson Medical Center • Tucson Fire Department • Tucson Indian Center • United Way of Tucson and Southern Arizona • University of Arizona • YWCA Tucson • Youth on their Own

Table 54 Organizations represented by the key informant interview participants

Figure 71 shows the geographic areas served by participating organizations. Participants indicated which areas their organizations served and could choose more than one. The majority of organizations serve the Tucson Metro area. *Figure 72* shows the areas of experience and expertise represented by participants. Health care access & quality (28), Economic stability & prosperity (14) and Social & community context (18) were the most common.

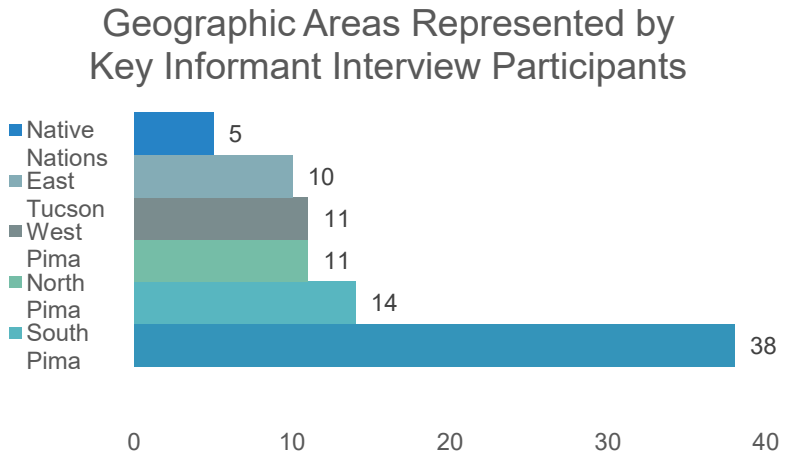


Figure 71 Geographic Areas Represented by Key Informant Interview Participants

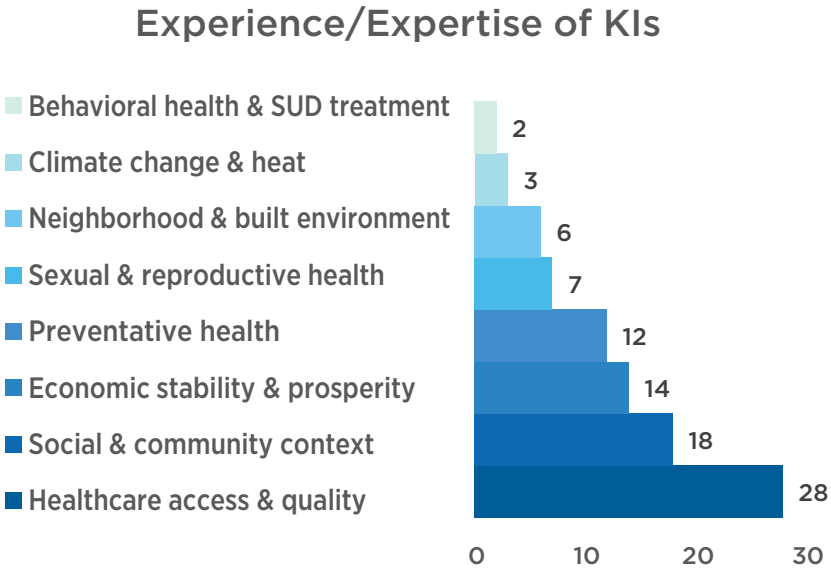


Figure 72 Experience/Expertise of Kis

The majority of organizations represented serve the general population (21, 51.2%) while 12 stated they specifically serve older adults (29.3%), 10 serve adults (24.4%), 7 serve youth (17.1%) and 6 serve infants and children (14.6%) as shown in Figure 73.

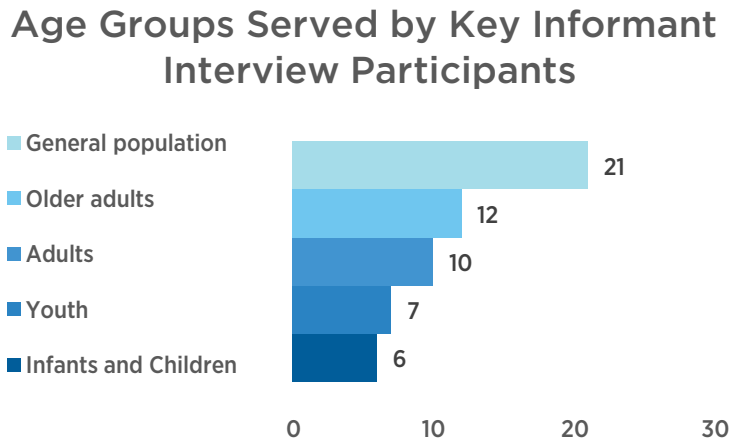


Figure 73 Age Groups Served by Key Informant Interview Participants

Key informants were important in helping understand the health status, concerns, and assets of underrepresented or priority groups (*Figure 4*). The largest underrepresented group served by key informant organizations were those who are unsheltered or housing insecure (11, 42.3%) followed by im/migrants and refugees (9, 34.6%), women (6, 23.1%) and LGBTQ+ (6, 23.1%), communities with disabilities (3, 11.5%), Native American/Native Nations (2, 7.7%), military/veteran (1, 3.8%) and justice-involved individuals (1, 3.8%). There were several priority groups identified by the steering committee that were not represented in the key informant interview participants. These include foster youth and businesses.

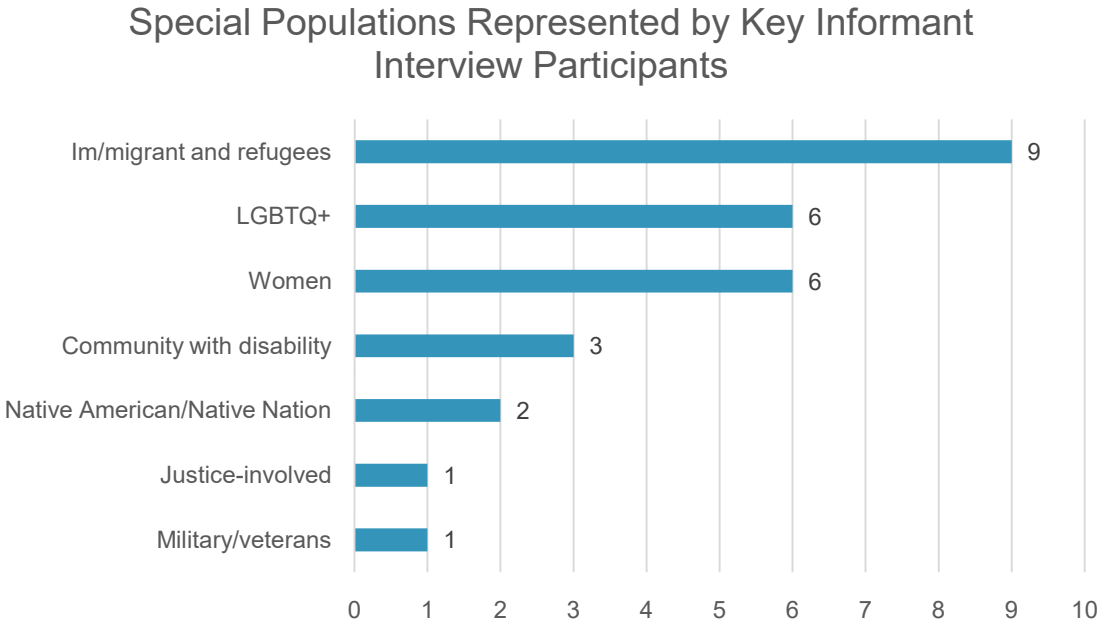


Figure 74 Special populations represented by key informant interview participants

Focus Group Participant Characteristics

Focus group participants were provided an optional, anonymous demographic survey to help understand the makeup of those who participated in the primary data collection process. The topics of questions included race and ethnicity, gender identity, age, zip code, and languages spoken.

Of the 71 focus group participants, 66 (93%) demographic surveys were completed. *Table 55* summarizes the demographic characteristics of the individuals who completed the optional demographic form. Categories with fewer than 5 responses have been omitted for privacy and are instead represented by an asterisk (*). See the Community Context Assessment for more detail on the groups recruited to participate in focus groups.

Pima CHNA Focus Group Demographic Questionnaire Results (n=66)	
Question: Response option	**Results % (count)**
Preferred Language	**(n=65)**
English	80.0% (52)
Spanish	20.0% (13)
Which groups are you participating in?	**(n=65)**
Early Childhood Educators	3.1% (2)
Community Health Workers (CHWs)/Promotores	18.5% (12)
Eviction Prevention Case Managers	7.7% (5)
City of Tucson Ambassadors	15.4% (10)
African American Community	9.2% (6)
Tucson Indian Center Clients	15.4% (10)
Rural Community	10.8% (7)
Peer Supporter Specialists	20.0% (13)
What is your race/ethnicity?	**(n=63)**
American Indian or Alaskan Native	17.5% (11)
Black or African American	14.3 (9)
Hispanic	49.2% (31)
East Asian	0% (0)
South Asian	0% (0)
Southeast Asian	0% (0)
Native Hawaiian or Pacific Islander	0% (0)
Middle Eastern or Arab American	0% (0)
White	28.6% (18)
Self-described	*
Prefer not to share	0% (0)

Pima CHNA Focus Group Demographic Questionnaire Results (n=66) *continued*	
Question: Response option	**Results % (count)**
Which gender do you most identify with?	**(n=65)**
Man	24.6% (16)
Woman	73.8% (48)
Transgender	0% (0)
Non-binary, genderqueer	*
Prefer to self describe myself	0% (0)
Prefer not to answer	0% (0)
Do you identify as LBGTQ+ ?	**(n=63)**
Yes	14.35% (9)
No	85.7% (54)
What is your age?	**(n=64)**
(18-29)	* 7.81% (5)
(30-39)	15.38% (10)
(40-49)	26.56% (17)
(50-59)	20.31% (13)
(60-69)	20.31% (13)
70+	9.38% (6)
Where do you live?	**(n=63)**
Tucson metro	61.9% (39)
South Pima (Sahuarita, Arivaca, Green Valley)	14.3% (9)
North Pima (Marina, Oro Valley)	14.3% (9)
West Pima (Ajo, Sells, Sasabe)	3.2% (2)
East Tucson (Vali)	6.3% (4)
Native Nations (Tohono O'odham, Pascua Yaqui)	0% (0)
Are you a veteran?	**(n=66)**
Yes	7.6% (5)
No	92.4% (61)
What language do you speak at home?	**(n=65)**
English	73.8% (48)
Spanish	44.6% (29)
Other	*
*represents counts under 5. For identifying information only.	

Table 55 Pima CHNA Focus Group Demographic Questionnaire Results (n=66)

Gallery Walk Community Forum Participant Demographics

Table 56 summarizes the demographic characteristics of 73 (74.5%) out of 98 gallery walk community forum participants who completed the optional demographic form.

Demographic characteristics of gallery walk participants who completed optional demographic form (n=73)	
Race/Ethnicity**	**Count (Percentage)**
American Indian or Alaska Native	0
Black or African American	*
Hispanic/Latino	27 (36.9%)
White	44 (60.3%)
Other/self-describe	0
East Asian, South Asian, Southeast Asian, Middle Eastern or Arabic, Native Hawaiian, or Pacific Islander**	*
Missing/Incomplete	*
Gender Identity**	
Man	18 (24.7%)
Woman	53 (72.6%)
Transgender	0
Nonbinary/Gender Non-Conforming	*
Missing/Incomplete	*
Age	
18-24	13 (17.8%)
25-34	20 (27.4%)
35-44	*7 (9.6%)
45-54	14 (19.2%)
55-64	9 (12.3%)
65+	9 (12.3%)
Missing/Incomplete	1 (1.4%)

Demographic characteristics of gallery walk participants who completed optional demographic form (n=73) *continued*	
Residence	
Tucson Metro	42 (57.5%)
South Pima (Sahuarita, Arivaca, Green Valley)	12 (16.4%)
North Pima (Marana, Oro Valley)	8 (10.9%)
West Pima (Ajo, Sells, Sasabe)	2 (2.8%)
East Tucson (Vail)	5 (6.8%)
Native Nations	1 (1.4%)
Missing/Incomplete	3 (4.1%)
Identify as a veteran	*
Identify as LGBTQ+	**12 (16.4%)**
Language Spoken at Home**	
English	71 (97.2%)
Spanish	15 (20.5%)
Other	0
Missing/Incomplete	0
Role or Identity***	
Community Member	40 (54.8%)
Community Leader	6 (8.2%)
Social Service Provider	1 (1.4%)
Health Department	1 (1.4%)
Government	3 (4.1%)
Nonprofit/CBO	12 (16.4%)
Schools/Education	6 (8.2%)
Academic	9 (12.3%)
Faith-Based	2 (2.8%)
First responder/law enforcement	0
Health Professional	8 (10.9%)
Other	6 (8.2%)
Missing/Incomplete	11 (15.1%)
*Count under 5 for identifying information **Participants could choose more than one option ***Options were provided separately on demographic form	

Table 56 Demographic characteristics of gallery walk participants who completed optional demographic form (n=73)

Appendix B: Healthy Pima Indicators

Healthy Pima 2030 Draft Indicators

As the health authority for Pima County, the Pima County Health Department understands that a healthy, thriving community is only achievable through strong partnerships and cross-sector collaboration to improve the health and well-being of our community members. This July, the Pima County Health Department (PCHD) is launching the 2030 Health Indicators based on the work of the Healthy Pima Initiative.

Healthy Pima is a vision and a framework for what Pima County, collectively as a county, aims to achieve in the next ten years. As the World Health Organization emphasizes, health is more than the absence of disease - it is a state of complete physical, mental, and social well-being. To advance the health of the community, PCHD will bring together a range of stakeholders to create a shared vision of a healthier Pima County and move toward collective action.

Healthy Pima is a population health approach for collective planning and action and an opportunity to measure specific components of health and well-being to assess impact and progress. By focusing on a priority set of key indicators driving health (or lack thereof), PCHD will catalyze efforts to improve the health of the community and collaborate across sectors to measure progress. This initiative aspires to create a sense of shared ownership within the community and across local jurisdictions for health outcomes, with the Health Department serving as the lead strategist.

Healthy Pima is an approach to measuring health and well-being across Pima County. The Healthy Pima indicators require effective, local data collection and analysis of both quantitative and qualitative inputs. The goal is to use different modalities – including (but not limited to) data dashboards and storytelling – to communicate data insights that inform action, identify opportunities

for intervention, and share stories of community strength and successful programming. The indicators are not intended to be (and cannot be) the exclusive domain of public health activities alone but are a tool for PCHD to engage diverse stakeholders, community-based organizations, and community members. Healthy Pima is a framework for working collectively towards a healthier Pima County that considers the various influences on an individual's health and the health of a population.

Healthy Pima indicators were selected based on their identification as high priority in the community, their contribution to morbidity/mortality in the community, and the likelihood that collective action will positively influence measured outcomes. The selected measures resonate with and reflect Pima County's diverse, resilient community and the strategic priorities of the Health Department and other county departments in addressing the wide array of policies that impact health.

Key informants noted the following ideals in a healthy community:

- (Strengthen) Public and Community Health
- (Equitable) Access to Health Care
- (Optimize) Individual Health Status
- (Reduce premature) Mortality

The four thematic areas not only touch on domains within the direct control of the Health Department but also help focus the county on important areas for coordination and collaboration to optimize the potential of every person living in Pima County. Eleven proposed indicators have been selected as priorities within the four improvement areas.

Indicators are iterative and may be refined and amended over time as needed. Initially, an interdisciplinary, cross-department team at PCHD began this work by analyzing feedback received from Pima County communities through the CHIP and CHNA processes as well as considering morbidity and mortality data to identify the leading contributors to poor health outcomes in the county. Simultaneously, the team evaluated many existing frameworks that measure community health. The draft Healthy Pima indicators were then compared with Healthy People 2030 metrics while considering root causes of poor health.

Equity requires ongoing bi-directional dialogue between PCHD and the community about causes of, and solutions to, the identified health issues. Feedback from Health Department staff, additional Pima County staff, and community members are critical inputs required to finalize the set of indicators. Health outcomes improve through cross-sector engagement between governmental, non-governmental, and community organizations.

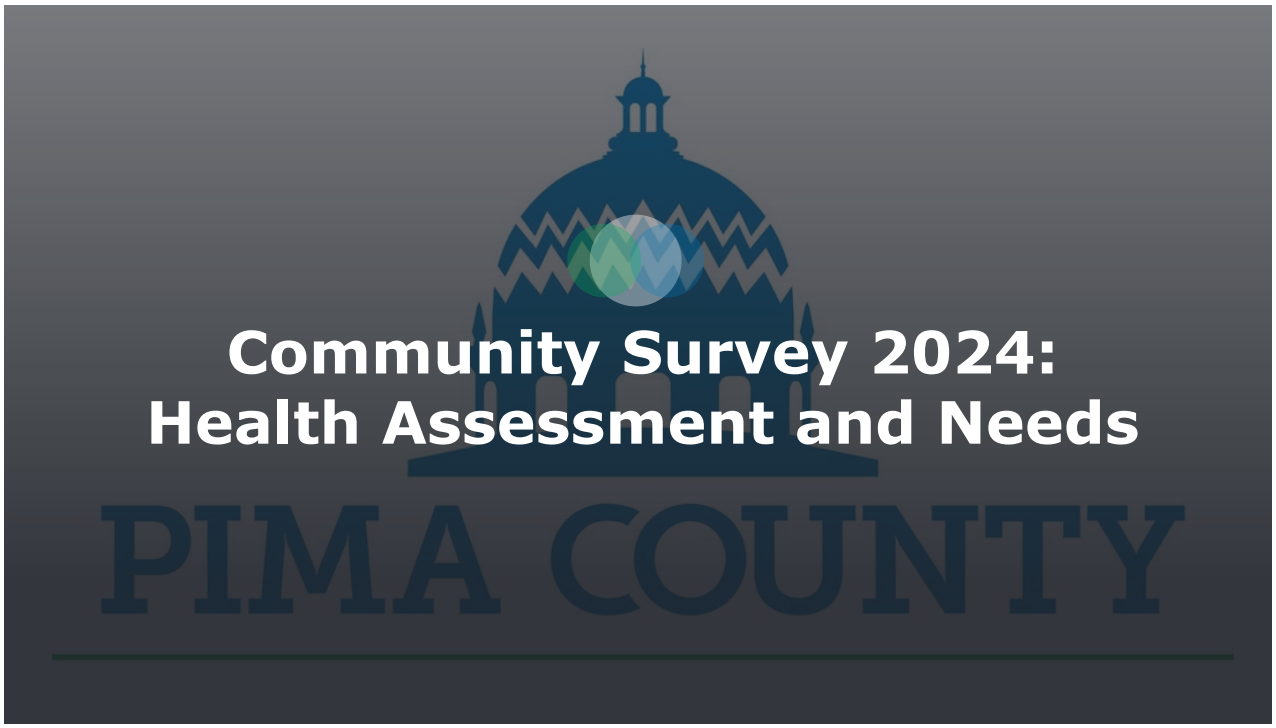
The Healthy Pima draft indicators provide a shared set of measures that will improve the health and well-being of this community. Ultimately, the goal is to transform Pima County into one of the healthiest counties in the United States by 2030.

Overview of the Pima County 2030 Health Indicators

HEALTHY PIMA INDICATORS			
	Indicator	**Description**	**Metric**
PUBLIC & COMMUNITY HEALTH	Access to Healthy Foods	Food insecurity uncertain or inconsistent access to adequate food for an active, healthy life	% of population that is food-insecure
	Adverse Childhood Events (ACEs)	ACES: potentially events, such as neglect and abuse, that occur from 0-17 years of age	Rates of ACE scores (people with 0, 1, 2, 3, or 4+ ACEs)
	Vaccinations	States require certain vaccinations for school entry to prevent widespread disease in a community	% of kindergarten students who have the ADHS-recommended vaccinations
	Heat	Heat-related illness: a group of conditions that can occur when the body is unable to cool itself effectively	Rate per 100,000 of hospital visits for heat-related illnesses
ACCESS TO CARE	Health Insurance	Without health insurance coverage, medical care and prescription medications can be prohibitively expensive	% of people with health insurance
	Access to Primary Care and Behavioral Health Care	Health professional Shortage Area (HPSA): a shortage of services available to a population withing a geographic area	# of Primary Care HPSAs # of Mental Health HPSAs
INDIVIDUAL HEALTH STATUS	Perceived Health and Wellness	Self-reported general health status has implications for an individual's happiness and a community's success	% of population with "Good" or better self-rated health
	Sexually Transmitted Infections	Reportable STIs: syphilis (including congenital syphilis), gonorrhea, chlamydia, Chancroid, and HIV	Rate per 100,000 for all reportable STIs
MORTALITY	Mortality from Unintentional Injury	The top cases of mortality from unintentional injury are unintentional overdose, motor vehicle accidents, and falls	Mortality rate per 100,000
	Cancer Mortality	Some of the highest mortality rates are in lung cancer, female breast cancer, prostate cancer, and colorectal cancer	Mortality rate per 100,000
	Cardiovascular Mortality	Cardiovascular mortality includes death due to heart disease, stroke, heart failure, atrial fibrillation, and other cardiovascular diseases	Mortality rate per 100,000
Visit www.pimahealthdataportal.org to see how our community measures up on these health indicators!			

Appendix C: Pima CHNA Survey Results

The following section includes the Pima CHNA survey results that were provided by the survey contractor Vest and Yager.



Outline

DATA COLLECTION METHODS & TIMELINE
SLIDE 3

RESPONDENT DEMOGRAPHICS
SLIDES 5-15

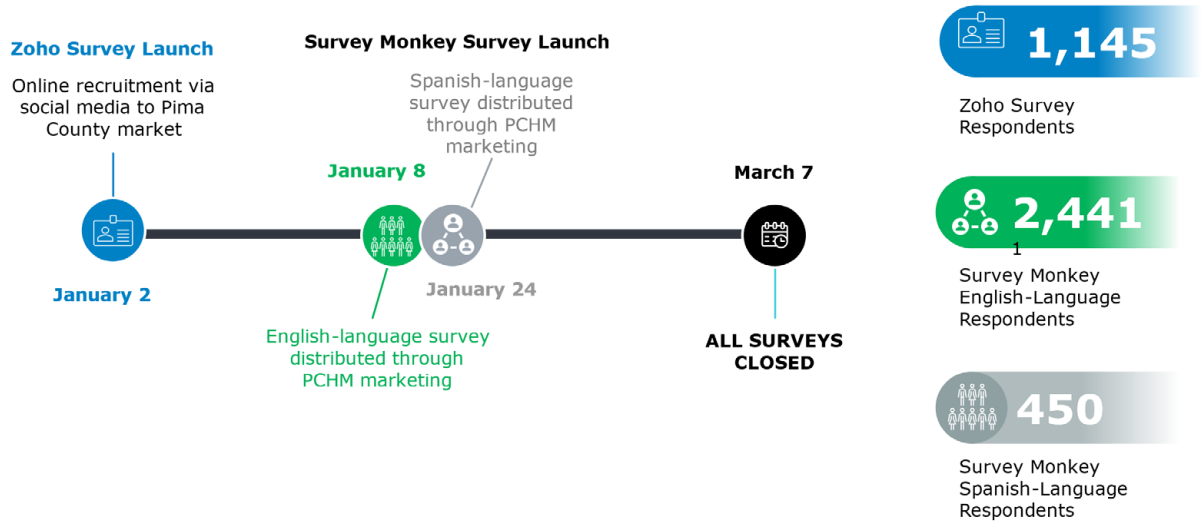
COMMUNITY PERCEPTIONS OF HEALTH PRIORITIES AND NEEDS
SLIDES 16-26

MOST COMMON HEALTH PRIORITIES AND NEEDS OF THE COMMUNITY BY SUBPOPULATIONS
SLIDES 27-31

COMMUNITY PERCEPTIONS OF SOCIAL DETERMINANTS OF HEALTH (SDOH) NEEDS
SLIDES 32-47

MOST COMMON PERCEPTIONS OF SOCIAL DETERMINANTS OF HEALTH (SDOH) BY SUBPOPULATIONS

Data collection methods & timeline



Zoho closed Feb 1

TOTAL COMBINED COMMUNITY RESPONSES (n=4,036)

Demographics

Q13. How Many People Live in Your Household Including Yourself?

Age	Total Number	Percentage of Households
Children (0-18)	2,689	66.6%
Adults (19-64)	3,542	87.8%
Seniors (65+)	3,098	76.8%

Demographics

Q15. What is your age?

- The most frequent age group of responders was 65+ followed by 30-39.

Age	Number	Percentage
Under 18	44	1.1%
18 to 24	241	6.0%
25 to 29	192	4.8%
30 to 39	690	17.1%
40 to 49	671	16.6%
50 to 59	556	13.8%
60 to 64	313	7.8%
65 years +	1,104	27.4%
Prefer not to say/skipped	225	5.6%

Demographics

Q16 What race do you identify with? *Mark all that apply.*

- The vast majority of respondents were white (57.2%), followed by a small percent of Black/African American only (2.9%) and American Indian/ Alaskan Native/ Native American only (5.0%).

Race	Number	Percentage
White only	2,310	57.2%
Black or African American only	118	2.9%
American Indian, Alaskan Native, or Native American only	200	5.0%
Asian only	60	1.5%
Native Hawaiian or Other Pacific Islander only	4	0.1%
Middle Eastern or North African only	10	0.3%
Multiple Races	101	2.5%
Prefer not to say/skipped	1,233*	30.6%

*Note: the vast majority of these individuals identified as Hispanic

Demographics

Q16. What ethnicity do you identify with?

- Almost 30% of respondents reported being of Hispanic or Latinx ethnicity.

Ethnicity	Number	Percentage
Hispanic or Latinx	1,199	29.7%
Non-Hispanic/Latinx	2,837	70.3%

Demographics

Q14. Would you consider yourself to be a member of any of the following? *Check all that apply*

- Among the options provided, Military Members/ Veterans and individuals with disabilities had similar numbers of respondents (both were 9.5%), followed by immigrants (5.2%), and individuals who are homebound (2.7%).

	Number	Percentage
Foster youth/former foster youth	81	2.0%
Military Member/Veteran	383	9.5%
Homebound	110	2.7%
Immigrant	210	5.2%
Senior living in a group setting	59	1.5%
Refugee	19	0.5%
Disabled	385	9.5%
Homeless/Houseless	31	0.8%

Demographics

Q18. How do you identify?

- Women (69.8%) significantly outnumber men (22.9%) among respondents who reported their gender.
- A total of 17 respondents indicated identifying as transgender and another 47 reported as non-binary.

Gender	Number	Percentage
Female	2,816	69.8%
Male	926	22.9%
Transgender	17	0.4%
Non-Binary	47	1.2%
Prefer not to answer	229	5.7%

Demographics

Q23. What range is your annual household income?

- Among the income brackets provided, the largest proportion (16.7%) of respondents reported household incomes between $50,000 and $74,999.
- Nearly 30% of respondents reported household incomes below $34,999.

Self-reported income	Number	Percentage
Less than $15,000	393	9.7%
$15,000 - $24,999	363	9.0%
$25,000 - $34,999	404	10.0%
$35,000 - $49,999	508	12.6%
$50,000 - $74,999	676	16.7%
$75,000 - $99,999	448	11.1%
$100,000 - $149,999	405	10.0%
$150,000 - $199,999	147	3.6%
$200,000 or more	120	3.0%
Not reported / decline	572	14.2%

Demographics

Q19. What is the highest level of education you have completed?

- 5.7% of respondents reported having less than high school educational attainment.

Highest educational attainment	Number	Percentage
Less than high school	229	5.7%
High school (or equivalent)	579	14.3%
Vocational school	192	4.8%
Some college (no degree)	707	17.5%
Associate's degree	220	5.5%
College degree (Bachelors)	754	18.7%
Masters degree	644	16.0%
Doctoral degree	216	5.4%
Missing / not reported	495	12.3%

Demographics

Q20. What is your current employment status?

- About 50% of respondents are employed. Additionally, a large proportion of respondents are retirees (26.7%).

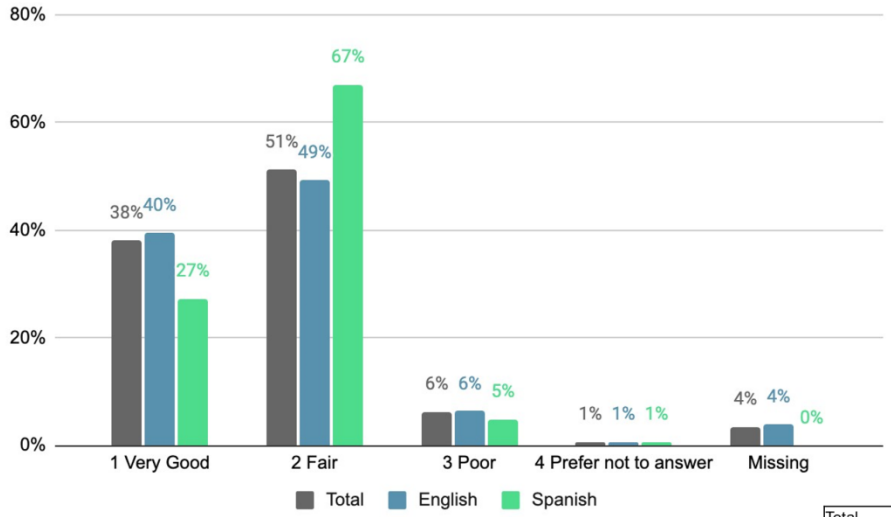
Employment status	Number	Percentage
Employed	2,049	50.8%
Unemployed	181	4.5%
Retired	1,077	26.7%
Student	110	2.7%
Homemaker	239	5.9%
Unable to work	192	4.8%
Other not reported	188	4.7%

COMMUNITY PERCEPTIONS
OF HEALTH PRIORITIES & NEEDS

PIMA COUNTY

Perceptions & Needs

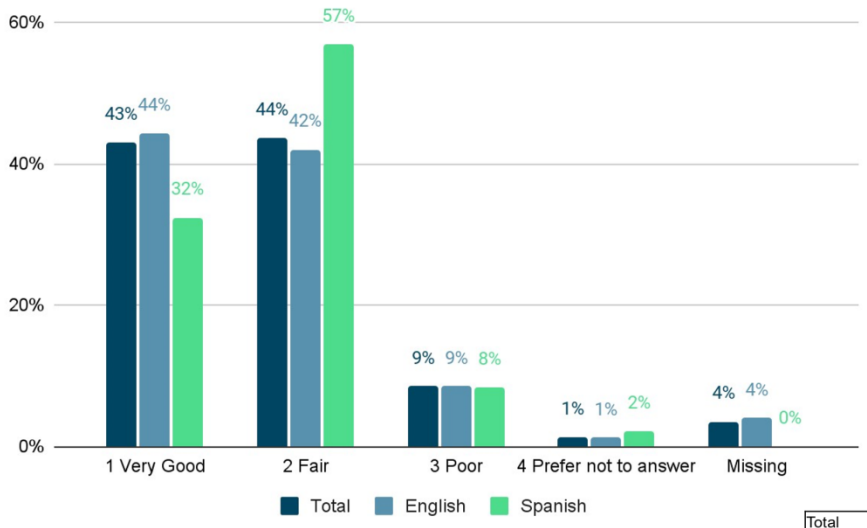
Q2. How would you rate your physical health



Total	English	Spanish
N=4,036	N=3,586	N=450

Perceptions & Needs

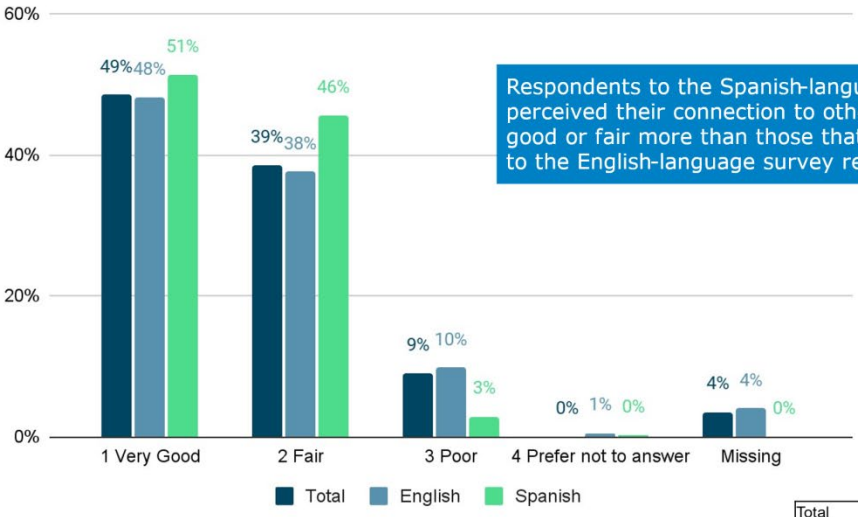
Q3. How would you rate your mental health?



Total	English	Spanish
N=4,036	N=3,586	N=450

Perceptions & Needs

Q4. How would you rate your connection with others?

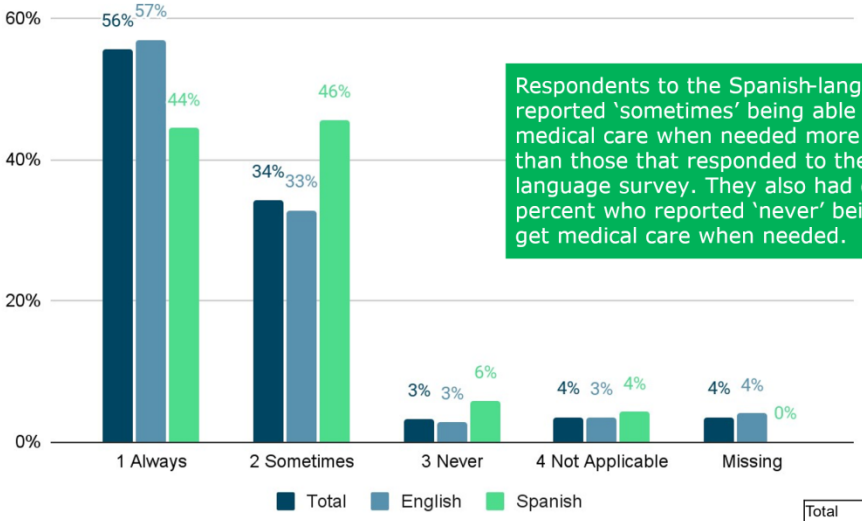


Respondents to the Spanish-language survey perceived their connection to others as very good or fair more than those that responded to the English-language survey respondents.

Total	English	Spanish
N=4,036	N=3,586	N=450

Perceptions & Needs

Q5. In the past 12 months, how often were you able to get medical care when you needed it?

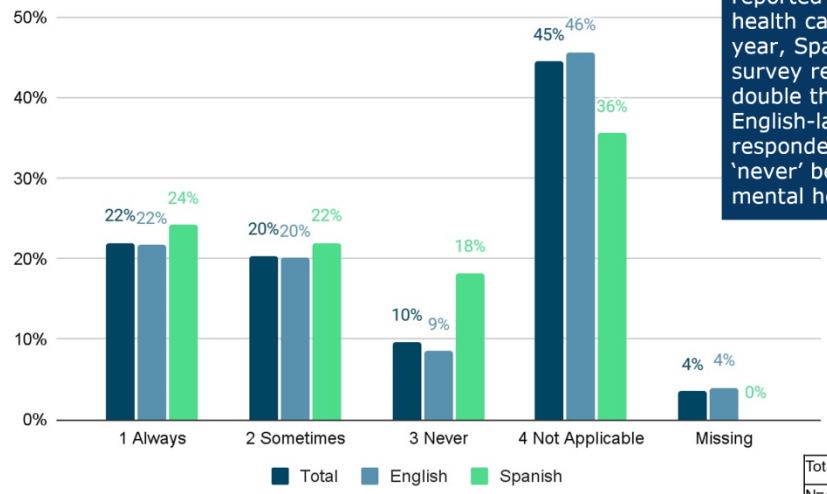


Respondents to the Spanish-language survey reported 'sometimes' being able to get medical care when needed more frequently than those that responded to the English-language survey. They also had double the percent who reported 'never' being able to get medical care when needed.

Total	English	Spanish
N=4,036	N=3,586	N=450

Perceptions & Needs

Q6 In the past 12 months, how often were you able to get mental health care when you needed it?

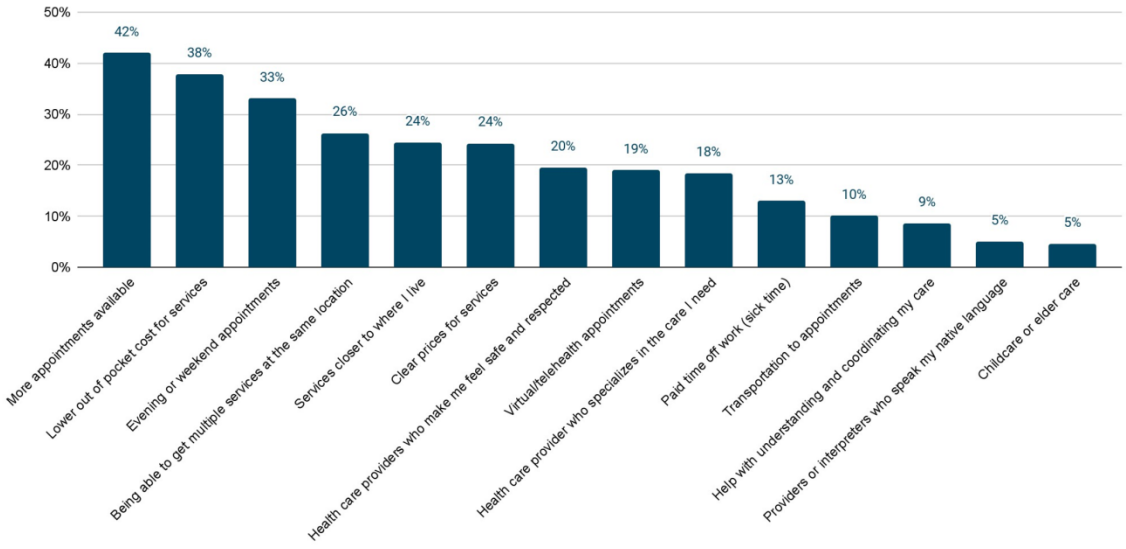


Among those who reported needing mental health care in the last year, Spanish-language survey respondents has double the proportion of English-language survey respondents that reported 'never' being able to get mental health care.

Total	English	Spanish
N=4,036	N=3,586	N=450

Perceptions & Needs

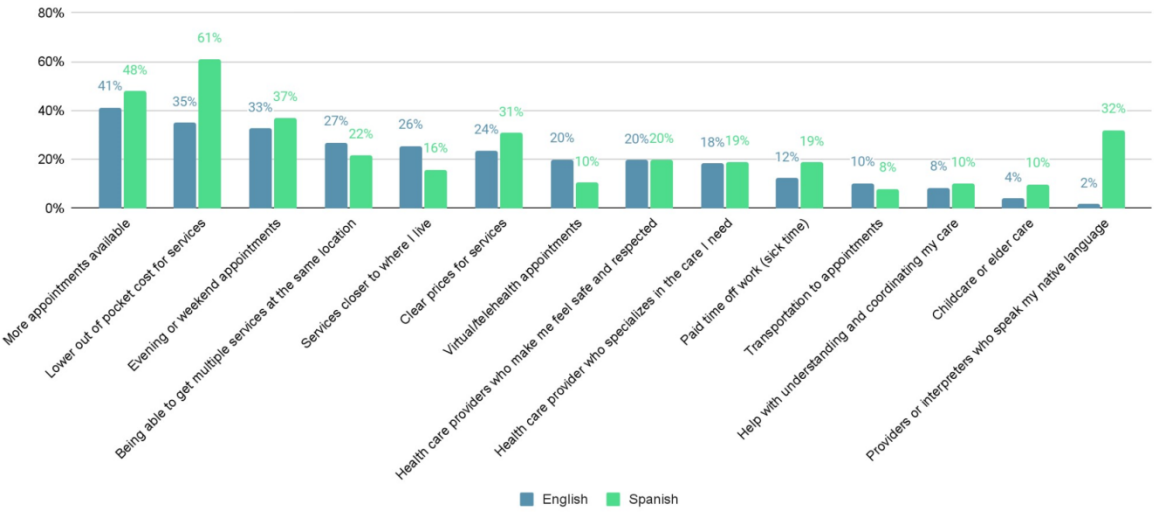
Q7. What would help you get the care you need? *Check all that apply.*



Total respondents (n=4,036)

Perceptions & Needs

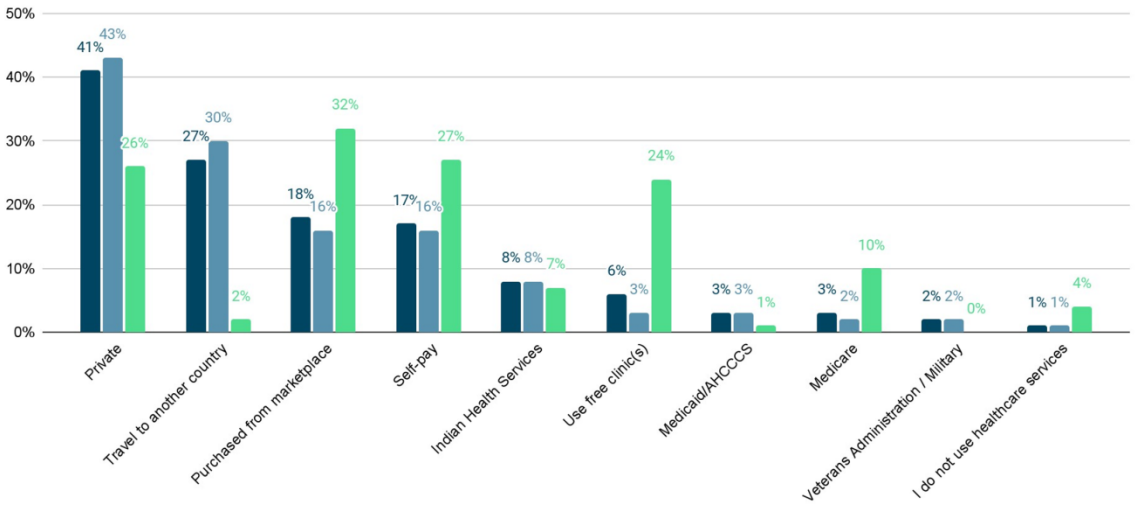
Q7. What would help you get the care you need? *Check all that apply.*



English-language respondents (n=3,586) & Spanish-language respondents (n=450)

Perceptions & Needs

Q8. How do you typically pay for health care? *Check all that apply.*



Private = employer or family member's employer
Veterans Administration = Veterans, TriCare, other
Self-pay = "Use my own money or pay out of pocket"

Total	English	Spanish
N=4,036	N=3,586	N=450

Perceptions & Needs

Q9. Which health issues have the most impact on you and/or the people you live with or care for? Showing the 15 most common responses.

	Total	English	Spanish
	n=4,036	n=3,586	n=450
Anxiety	34%	**34%**	**33%**
Chronic pain (back pain, joint pain, fibromyalgia, etc.)	32%	**33%**	**24%**
Depression	28%	**28%**	**25%**
High blood pressure/hypertension	28%	**28%**	**22%**
Diabetes	19%	**18%**	**24%**
Chronic stress	18%	**19%**	17%
Autoimmune disease/lupus, Multiple sclerosis (MS), rheumatoid arthritis, etc.	13%	**13%**	10%
Other infectious diseases (RSV, COVID-19, flu, common cold, etc.)	12%	11%	**23%**
Lung or respiratory issues (asthma, COPD, etc.)	12%	12%	9%
Heart disease	10%	11%	6%
Other mental health issues (PTSD, schizophrenia, bipolar disorder, etc.)	9%	10%	2%
Long COVID (COVID-19 symptoms lasting longer than 4 weeks)	9%	8%	**18%**
Cancer	9%	9%	8%
Unintentional/accidental injury	6%	7%	4%
Racism, prejudice, or discrimination	5%	5%	5%

Native American/Native Nations community respondent's most frequent health priorities and needs

Q7. Priorities for getting the care needed	Q9. Top Health Issues
1. More appointments available (42%)	1. Anxiety (37%)
2. Evening/weekend appointments (38%)	2. Diabetes (33%)
3. Lower out of pocket costs (35%)	3. Chronic pain (back pain, joint pain, fibromyalgia, etc.) (31%)
4. Being able to get multiple services at the same location or practice (31%)	4. Depression (29%)
5. Services closer to where I live (28%)	5. High blood pressure/hypertension (28%)
6. Clear prices for services (26%)	**6. Long COVID (COVID-19 symptoms lasting longer than 4 weeks) (19%)***

Issue notably higher priority in this subgroup compared to all respondents

Includes all respondents identifying as a Native American or reporting membership in a Native Nation (n=243)

Lesbian gay, bisexual or questioning community respondent's most frequent health priorities and needs

Q7. Priorities for getting the care needed	Q9. Top Health Issues
1. Lower out of pocket costs (58%)	**1. Anxiety (73%)***
2. Evening/weekend appointments (55%)	**2. Depression (70%)***
3. More appointments available (53%)	**3. Chronic Stress (50%)***
4. Health care providers who make me feel safe and respected (52%)*	4. Chronic pain (back pain, joint pain, fibromyalgia, etc.) (47%)
5. Clear prices for services (50%)	**5. Other mental health issues (PTSD, schizophrenia, bipolar disorder, etc.) (45%)***

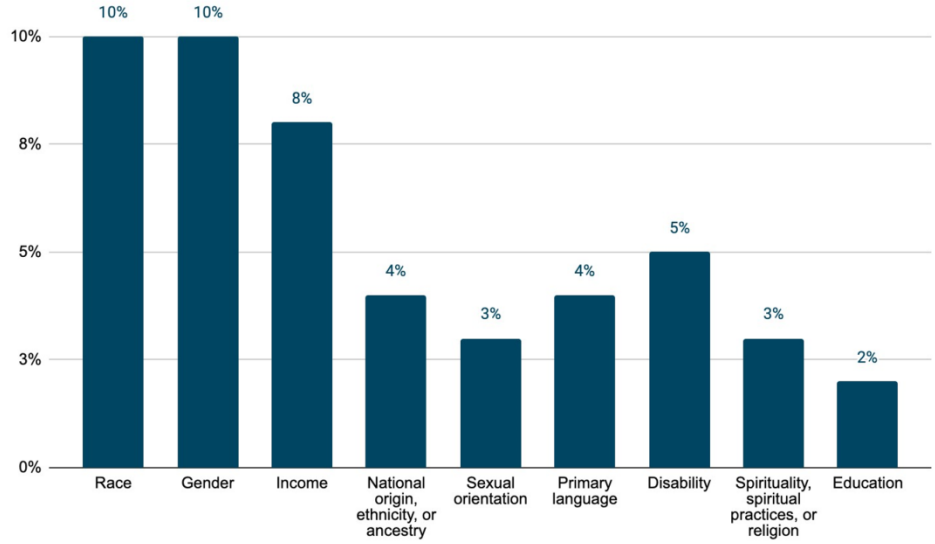
Issue notably higher priority in this subgroup compared to all respondents n=64

COMMUNITY PERCEPTIONS OF SOCIAL DETERMINANTS OF HEALTH (SDOH) NEEDS

PIMA COUNTY

SDOH Needs

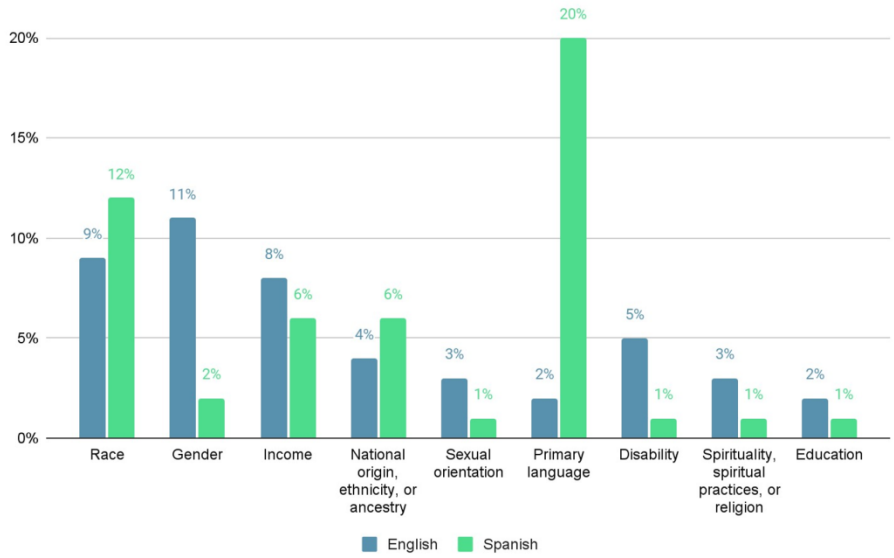
Q10. Have you experienced discrimination in the past 12 months due to the following: *Check all that apply.*



Total n=4,036

SDOH Needs

Q10. Have you experienced discrimination in the past 12 months due to the following: *Check all that apply.*



SDOH Needs

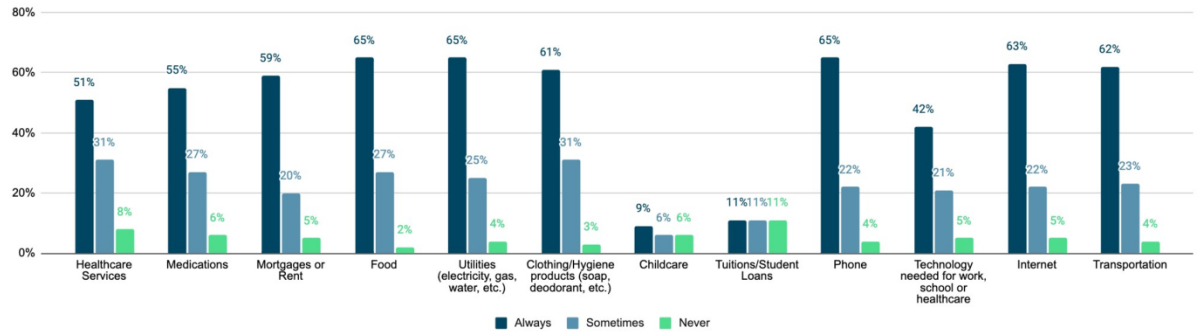
Q11. Over the past 12 months, how often have you had enough to pay for the following:

Total n=4,036

	Always	Sometimes	Never
Healthcare Services	51%	31%	8%
Medications	55%	27%	6%
Mortgages or Rent	59%	20%	5%
Food	65%	27%	2%
Utilities (electricity, gas, water, etc.)	65%	25%	4%
Clothing/Hygiene products (soap, deodorant, etc.)	61%	31%	3%
Childcare	9%	6%	6%
Tuitions/Student Loans	11%	11%	11%
Phone	65%	22%	4%
Technology needed for work, school or healthcare	42%	21%	5%
Internet	63%	22%	5%
Transportation	62%	23%	4%

SDOH Needs

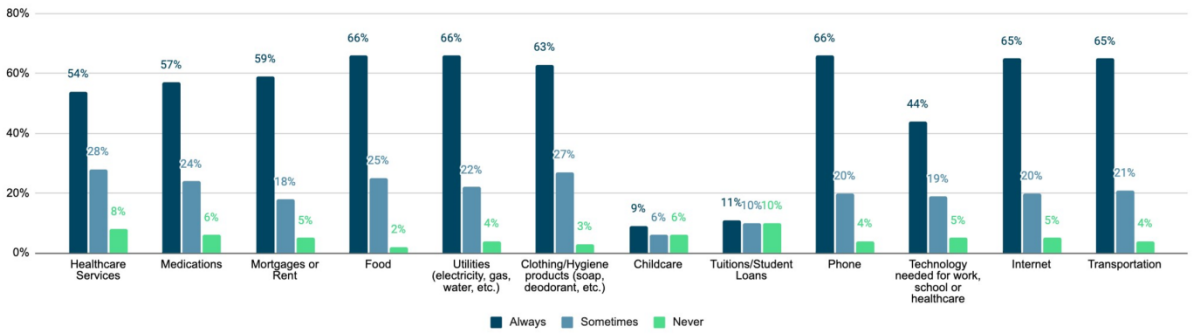
Q11. Over the past 12 months, how often have you had enough to pay for the following:



Total n=4,036

SDOH Needs

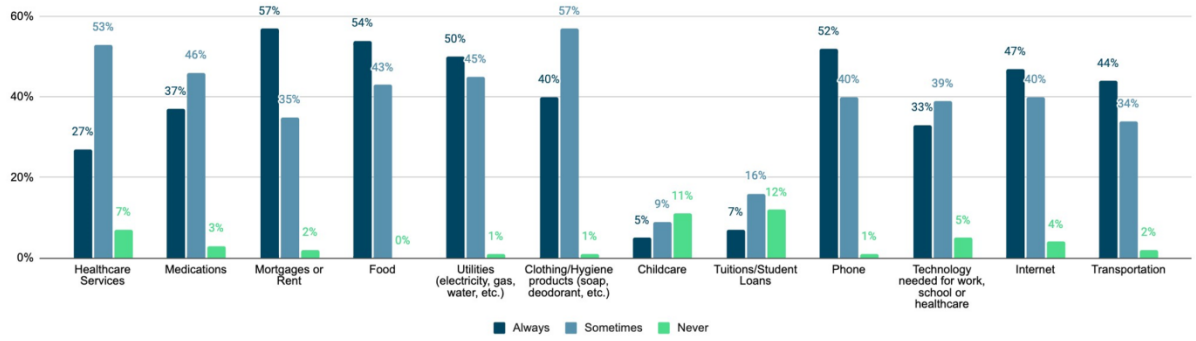
Q11. Over the past 12 months, how often have you had enough to pay for the following: **(English-language survey respondents)**



Total English-language survey respondents n=3,586

SDOH Needs

Q11. Over the past 12 months, how often have you had enough to pay for the following: **(Spanish-language survey respondents)**



Total Spanish-language survey respondents n=450

SDOH Needs

Q12 How would you rate the following where you live?

All Respondents

Part 1 of 2

Shown by frequency of "Poor".

Total n=4,036

Not applicable and missing not shown.

	Very Good	Fair	Poor
Ability to communicate with local leaders and feel my voice is heard	19%	41%	24%
Access to affordable housing	25%	32%	22%
Feeling safe while driving	22%	48%	22%
Access to quality public transportation	20%	28%	20%
Access to quality mental health care	19%	31%	18%
Access to affordable healthy foods	38%	39%	17%
Feeling safe in public spaces	32%	46%	17%
Services for residents in need or crisis	21%	36%	15%
Access to safe walking/bike paths	45%	33%	15%
Access to affordable education after high school	12%	20%	14%
A safe space to exercise and be physically healthy	45%	33%	13%
Access to quality medical care	36%	47%	11%

SDOH Needs

Q12 How would you rate the following where you live?

All Respondents

Part 2 of 2

Shown by frequency of "Poor".

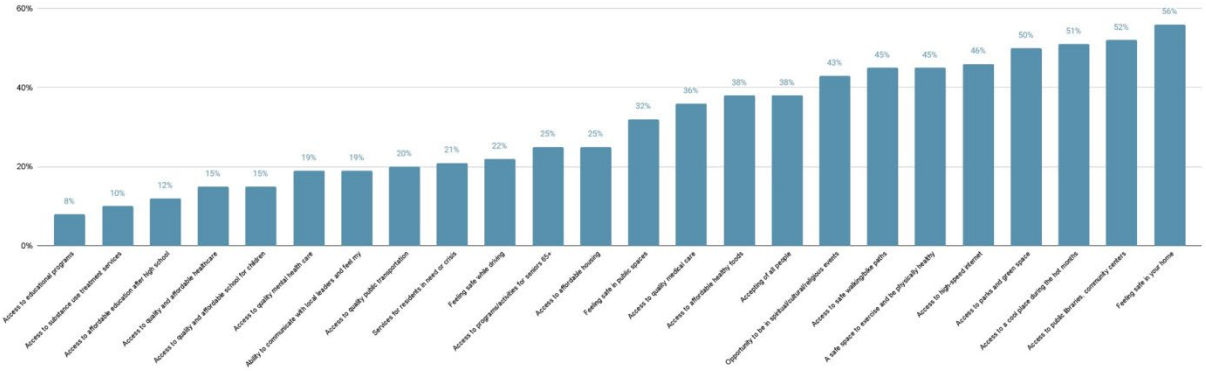
	Very Good	Fair	Poor
Access to programs/activities for seniors 65+	25%	22%	11%
Access to parks and green space	50%	32%	11%
Access to high-speed internet	46%	36%	11%
Access to substance use treatment services	10%	17%	10%
Access to a cool place during the hot months	51%	30%	10%
Access to quality and affordable healthcare	15%	17%	9%
Accepting of all people	38%	45%	8%
Feeling safe in your home	56%	32%	8%
Access to public libraries, community centers	52%	33%	7%
Access to quality and affordable school for children	15%	17%	6%
Opportunity to be in spiritual/cultural/religious events	43%	29%	5%
Access to educational programs	8%	9%	2%

Total n=4,036

Not applicable and missing not shown.

SDOH Needs

Q12. How would you rate the following where you live? Percent rating "very good".



Total n=4,036

SDOH Needs

Q12. How would you rate the following where you live?

English-Language Survey Responses Only

Shown by frequency of "Poor". Presenting top 12.

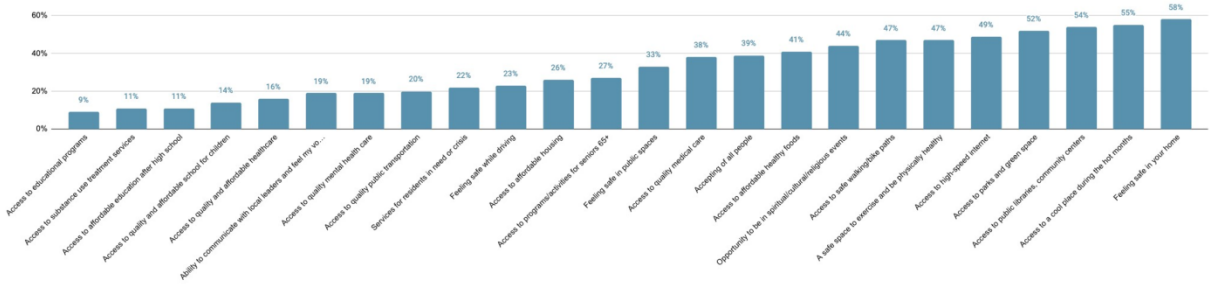
Total n=3,586

Not applicable and missing not shown.

	Very good	Fair	Poor
Ability to communicate with local leaders and feel my voice is heard	19%	40%	24%
Access to affordable housing	26%	30%	23%
Access to quality public transportation	20%	26%	21%
Feeling safe while driving	23%	48%	21%
Access to quality mental health care	19%	30%	19%
Access to affordable healthy foods	41%	37%	17%
Feeling safe in public spaces	33%	45%	16%
Services for residents in need or crisis	22%	35%	15%
Access to affordable education after high school	11%	18%	14%
Access to safe walking/bike paths	47%	32%	14%
A safe space to exercise and be physically healthy	47%	31%	12%
Access to programs/activities for seniors 65+	27%	22%	11%

SDOH Needs

Q12. How would you rate the following where you live?
Percent rating "very good". English-Language Survey Respondents



Total n=3,586

SDOH Needs

Q12. How would you rate the following where you live?

Spanish-Language Survey Responses Only

Shown by frequency of "Poor". Presenting top 12.

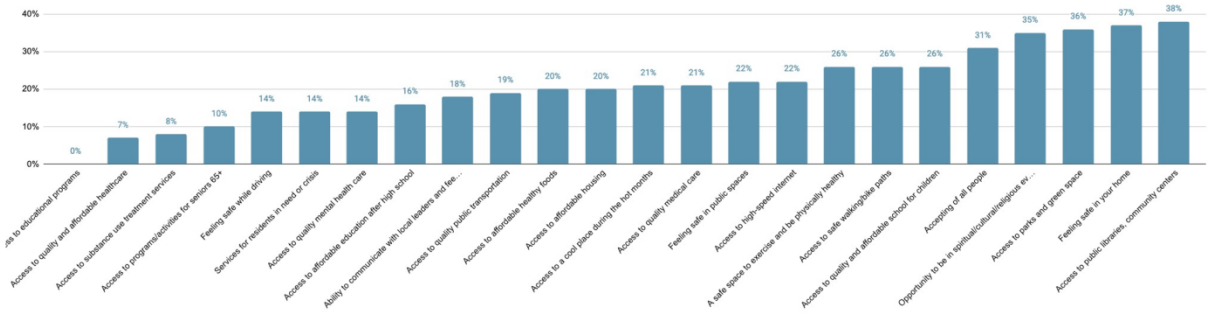
Total n=450

Not applicable and missing not shown.

	Very Good	Fair	Poor
Feeling safe while driving	14%	51%	31%
Access to safe walking/bike paths	26%	48%	20%
Access to a cool place during the hot months	21%	49%	20%
Access to affordable healthy foods	20%	56%	20%
Feeling safe in public spaces	22%	55%	19%
Ability to communicate with local leaders and feel my voice is heard	18%	46%	19%
Access to high-speed internet	22%	52%	19%
Access to affordable housing	20%	50%	18%
Access to quality mental health care	14%	39%	17%
Services for residents in need or crisis	14%	45%	17%
A safe space to exercise and be physically healthy	26%	50%	16%
Feeling safe in your home	37%	46%	14%

SDOH Needs

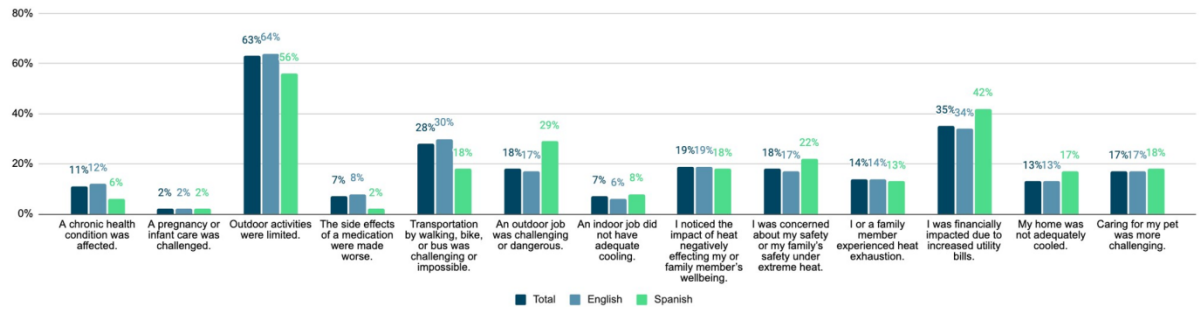
Q12. How would you rate the following where you live?
Percent rating "very good". Spanish-Language Survey Respondents



Total n=450

SDOH Needs

Q14. Over the past two summers, how has extreme heat impacted you or your family? *Mark all that apply.*



Total	English	Spanish
N=4,036	N=3,586	N=450

Spanish-speaking community respondent's most frequent SDOH priorities and needs

Q11. Essentials that respondents have not had enough to pay for (reporting "sometimes" and "never")

1. Healthcare services (60%)
2. Clothing/Hygiene (58%)
3. Medications (49%)
4. Utilities (46%)
5. Technology needed for work, school, or healthcare (44%)
6. Internet (44%)

Q12. Most frequently rated as 'poor' social/environmental factors

1. Feeling safe while driving (31%)
2. Access to safe walking/bike paths (20%)
3. Access to a cool place during the hot months (20%)
4. Access to affordable healthy foods (20%)
5. Feeling safe in public places (19%)
6. Ability to communicate with local leaders and feel like my voice is heard (19%)
7. Access to high-speed Internet (19%)

n=450

Non-white race community respondent's most frequent SDOH priorities and needs

Q11. Essentials that respondents have not had enough to pay for (reporting "sometimes" and "never")

1. Healthcare services (46%)
2. Clothing/hygiene (42%)
3. Medications (39%)
4. Food (36%)
5. Utilities (35%)
6. Internet (34%)
7. Transportation (33%)
8. Phone (33%)

Q12. Most frequently rated as 'poor' social/environmental factors

1. Ability to communicate with local leaders and feel like my voice is heard (25%)
2. Access to affordable healthy foods (24%)
3. Feeling safe while driving (24%)
4. Access to quality mental health care (21%)
5. Feeling safe in public spaces (21%)
6. Access to quality public transportation (18%)

n=1,683

Native Nations community respondent's most frequent SDOH priorities and needs

Q11. Essentials that respondents have not had enough to pay for (reporting "sometimes" and "never")

1. Clothing/hygiene (51%)
2. Healthcare services (47%)
3. Food (47%)
4. Transportation (46%)
5. Phone (46%)
6. Utilities (44%)
7. Internet (42%)

Q12. Most frequently rated as 'poor' social/environmental factors

1. Access to affordable housing (29%)
2. Access to affordable healthy foods (26%)
3. Ability to communicate with local leaders and feel like my voice is heard (25%)
4. Access to quality public transportation (24%)
5. Access to affordable education after high school (19%)
6. Access to high-speed Internet (19%)

Includes all respondents identifying as a Native American or reporting membership in a Native Nation

n=243

Non-binary or transgender community respondent's most frequent SDOH priorities and needs

Q11. Essentials that respondents have not had enough to pay for (reporting "sometimes" and "never")

1. Healthcare services (67%)
2. Medications (42%)
3. Transportation (40%)
4. Technology needed for work, school, or healthcare (39%)
5. Clothing/hygiene (36%)
6. Mortgages or rent (32%)
7. Food (31%)

Q12. Most frequently rated as 'poor' social/environmental factors

1. Access to affordable housing (50%)
2. Access to quality mental health care (50%)
3. Ability to communicate with local leaders and feel like my voice is heard (48%)
4. Feeling safe while driving (44%)
5. Access to affordable healthy foods (39%)
6. Feeling safe in public spaces (36%)

n=64

Are there any community needs/concerns missing from this list (referring to Q12) that you would like to note? Please explain.

Among the 489 open-ended responses:

- 193 (39%) mentioned ***social and community needs*** (e.g., homelessness, unsafe driving, substance use, cooling station needs)
- 109 (22%) discussed ***access to care issues and delays***
- 99 (20%) stated a ***need for more healthcare providers*** including both primary providers and specialists
- 82 (17%) named specific ***types of care that needed***; the vast majority of these comments focused on mental health care access
- 79 (16%) of comments referenced ***environmental health concerns***; most of these comments were about air quality and toxins from a proposed asphalt plant
- 49 (10%) of comments discussed ***medication and insurance costs-related barriers*** to healthcare
- 43 (9%) of comments stated a need for ***improved hospital access and emergency department access***
- 18 (4%) of comments discussed ***patient-centered care issues*** (age discrimination, weight discrimination, being treated poorly by providers)

**Note comments were coded for more than one theme as appropriate.*

Appendix D: Key Informant Interview and Focus Group Discussion Guides

This appendix contains the English versions of the key informant interview guide, focus group discussion guide, and an outline of the gallery walk community forum.

Key Informant Interview Guide

My name is _____ and I'll be conducting the interview today. I work with the Participatory Evaluation Institute at the University of Arizona College of Public Health.

Thank you for meeting with me today to complete a key informant interview for the Pima County Community Health Needs Assessment, or CHNA for short. The CHNA is a collaborative effort among public health officials, hospitals, community health centers, social services agencies, community leaders, and community members to identify and prioritize major health issues and needs facing Pima County and inform public health programs and policy in the coming years.

The purpose of the Key Informant Interviews is to gather input from community representatives and leaders who can provide unique perspectives on health and wellness in Pima County. These interviews provide valuable, real-life context to the quantitative data we have collected. They help us to paint a more holistic picture that includes challenges and areas for growth, as well as insight into strengths, connections, and public health efforts in Pima County.

The interview will take about an hour. During this interview, I will ask you questions about your perspectives on health and wellness in Pima County. This meeting is not being recorded, but I will be taking notes as we talk. Your answers will be summarized into themes along with those of other interview participants. Your name will not be connected to any of your answers in the final report, but your title and organization will be listed in the appendix unless you tell us otherwise.

There are no wrong answers! We only ask that you speak from your experiences, observations and perspectives as a community member and from your role in your organization.

Do you have any questions or concerns before we begin?

We'll start with some questions to get to know you, your organization, and the work you do.

1. What organizations or causes do you represent in our community? Please include any titles that you hold.
2. Can you tell us about the work you do? Who do you work with? What communities or populations do you serve/represent?
3. Is there anything else you'd like to share about yourself or your role in the community that will help us understand your perspectives and experience?

These next few questions are about the health and well-being of the community you serve. When we talk about health, we want to consider not just medical diagnoses or conditions, but all the factors that help people get and stay healthy and live fulfilling lives. For example, The World Health Organization defines health as "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity."

4. What does a healthy community mean to you or your organization/the causes you represent? Think about the things that make a place feel safe, accessible, and good to be in, as well as the unique characteristics of the community you serve.
   A. *Prompt:* What are the important characteristics of a healthy community?
5. What do you think are the main concerns of your community/the organization or causes you represent?
   A. Which of these do you think is the most important?
6. What are factors in your community that affect health and quality of life?
   A. *Prompt:* consider challenges, barriers, or other issues that may keep someone from being healthy.
7. What strengths or resources exist in the community that support achieving quality of life and well-being? How can they be used to improve community health?
8. Are there any health-related projects/efforts that are being successfully implemented in the community? If so, can you tell us more about them and what makes them successful?
   A. *[prompt, for those who can provide insight]:* The priority health topics in the 2021 CHNA included substance use disorder, mental and behavioral health, access to care, and social determinants of health. What efforts or progress have you seen in these areas?

The next few questions will explore changes you have observed in Pima County in the last 3-5 years, your perspective on the impact these changes have had, and what changes you'd like to continue to see in the future.

9. Can you tell us about the continued impact of COVID-19 on the community you serve?
10. What [other] changes have you seen over the past 3-5 years that impact the health of your community? Consider employment, attitudes, demographics, and socioeconomic characteristics that you have observed.
    A. *[Prompt, if not discussed]:* What about changes that are outside of our control, such as changes in the community, society, or policies that impact the health of your community?
    B. *[Prompt, for those who can provide insight]:* This year, we have identified several emerging topics that we are trying to explore in more depth. These include climate change and health, reproductive health, and people experiencing homelessness [choose topic(s) most relevant to KI]. Can you provide any insight into the trends or issues you observe regarding these topics?
11. Now we'd like to discuss the changes you would most like to see in your community and how to build upon the strengths that you identified to address the needs and challenges. Take a moment to think about what your community might look like if everyone was able to get what they needed to be healthy. Consider: if you had a magic wand, what is one thing you would do to improve the health of the community you serve? Why did you choose that?
12. Is there anything else you would like to expand on or something you'd like to mention that we haven't talked about yet?

[For organizations working with key FG populations]: We will be organizing focus groups to include the voices of communities that are not normally involved in health assessments. Specifically, we are looking to reach [key communities identified by SC]. Do you have any connections with groups that we could work with to organize a focus group?

[For individuals who can provide contacts to address KI gaps]: We are hoping to talk to people who can provide us more insight into [topic or issue]. Do you know of anyone we can reach out to?

To close, I'd like to ask you a few questions to make sure that we accurately represent your perspective and expertise in the report.

What geographic area do you mainly serve? *[Confirm communities from crosswalk]*

- Tucson Metro
- South Pima (Arivaca, Sahuarita, Green Valley)
- North Pima (Marana, Oro Valley)
- West Pima (Sells, Ajo, Sasabe)
- East Tucson (Vail)
- Native Nations

Based on our conversation today, I noted that you primarily represent [groups from crosswalk and conversation]. Is this accurate, or do you represent additional communities as well? *[Confirm communities from crosswalk]*

- Foster Youth
- Women
- Im/Migrant and refugees
- Unsheltered or housing insecure
- Community with Disability
- Military/Veteran
- LGBTQ+
- Justice-Involved
- Native American/Native Nations
- Business/Economic Development
- Other: _____

Based on our conversation today, I noted that you primarily represent *[age groups from crosswalk and conversation]*. Is this accurate, or do you represent additional communities as well? *[Confirm communities from crosswalk]*

- Infant and Children
- Youth
- Adults
- Older Adults

What is your organization's primary or office zip code?
Experience/expertise. *[Interviewer chooses based on discussion.]*

- Education access and quality
- Economic stability/Economic Prosperity
- Health Care Access and Quality
- Social/Community Context
- Neighborhood/built environment
- Climate Change/Heat
- Sexual and Reproductive Health
- Preventive Health
- Other: _____

Organization type. *[Interviewer chooses based on discussion.]*

- Clinic or health provider
- Nonprofit
- Government (includes Health Department)
- Education
- Behavioral and mental health/SUD treatment
- First responders—EMS, law enforcement, fire
- Community leader (e.g. faith leader)
- Health plans
- Assisted living, skilled nursing, long-term care
- Other: _____

Focus Group Discussion Guide

Part I: Sign-In and Introduction (~10 minutes)

1. Participants should sign-in prior to sitting down to start the focus groups. Names and phone numbers and/or emails should be collected in case follow-up is needed. (See appendix I: FGD Sign-In Sheet)
   - **A.** If completed virtually, participants should fill out a virtual sign-in sheet with the same information as they enter the call.
   - **B.** The participants will be provided with a brief and optional demographic survey on paper or via link.
2. The facilitator will briefly introduce themselves, the purpose of the FGD, and why participants have been chosen.
   - **A.** *Sample Introduction*
     - *Hello. My name is_____, and I am helping with a county-wide collaboration to assess the health and wellbeing of Pima County residents. You have been asked to participate in this discussion because your knowledge of (e.g., community health outreach work) that will help us better understand what works for your community as well as what challenges*

you face as a community. We are very grateful for you taking the time to speak with us so we can learn from you. All the information you share today will be reported anonymously. Thank you.

B. Spend some time reviewing what you can and cannot do as a result of these groups so that you do not raise expectations. Review how their confidentiality will be kept. (e.g., No names associated with notes, unique ID number, having your camera on will not compromise anonymity, etc.)

- *Example: We will not be recording these discussions, and while we will be taking notes, none of the information will include your name or any other identifiable information. The information from these focus groups will be used to help us learn more for the Community Health Assessment and will help guide public health programming and practices in the future.*

NOTE: IF VIRTUAL, CAN ADD:

- *Having your camera on will not affect anonymity because we are not recording or taking picture*s of your face.

C. After stating the purpose of the FGDs, the facilitator will introduce any assistants (recorders), and ask the participants to introduce themselves. A brief ice-breaker – especially if incorporated into introductions – may help people feel at ease.

D. Let the participants know that there will be 7 questions total, with some prompts or additional questions that may be asked as needed. We have around 10 minutes per question, and we ask that participants try to make sure that everyone is able to participate.

Part II: Rapport-Building, Introductions, and Group Agreements (~5-10 minutes)

This is to start to get participants used to the idea of answering and discussing questions in a group setting. Questions should be lighthearted and easy to answer. These can be about what people did over the weekend, current events, etc. (Essentially, whatever is most salient to specific participant group.)

- *Preferred icebreaker: introductions, what brought you to the focus group today, answer one icebreaker question (e.g., favorite ice cream flavor, bucket list vacation spot, etc.)*

Now, before we begin the in-depth discussions, we want to take a moment to come up with g**roup agreements** which are a list of statements developed by the group that help set some ground rules to allow everyone to feel safe, supported, respected, and productive. We have written a couple of statements to get us started. What would you like to add to the **group agreements**?

E. ***NOTE: IF VIRTUAL, add group agreement statements to the chat***

- *Respect: treat everyone with respect even if you disagree with them*
- *Active listening: give your attention to the speaker and avoid introductions.*
- *Take turns: one person should speak at a time. Feel free to raise your hand/write in the chat if you would like to speak.*
- *Share the air: be mindful of how much you speak and allow others to contribute*
- *Use "I" statements: speak from your personal perspectives, experiences and observations, rather than assuming on behalf of others*
- *Is there anything else you'd like to add to the group agreements?*

Part III: In-Depth Discussion (~45-60 minutes)

***(FACILITATOR NOTE:** When speaking with social service providers (e.g., CHWs, peer support workers, health care workers), you may need to change the language of some questions from "your community" to "the community you serve." The option is noted in parentheses in the relevant questions.)*

When we talk about health, we're talking about everything in our community and in our homes that helps us to stay healthy. For example, how our schools are doing, the way our neighborhood is built, or how easy it is for people to get to the doctor. We call these things the "social determinants of health" because they are key factors which influence health and well-being. Health includes health care that you would get from a doctor or nurse, but it is also determined by the conditions in the places you live, work, learn, play, worship, and age.

1. Thinking about these different aspects of health, what is your vision of a healthy community?
   A. ***(NOTE:** The answers may be vague to get at a broader concept of "health" and wellbeing. For this question, we want to open the conversation up and brainstorm.)*
2. What are the key health issues that your community [or the community you serve] experiences?
   A. Prompts:
      - Why are these issues important in your community [or the community you serve]?
      - What are some struggles people have in relation to these health issues? **[Include whatever important health topics were mentioned]**
3. What strengths and resources does your community [or the community you serve] have? What are the characteristics or qualities in your community that help you to be resilient, or bounce back from bad situations?
   A. Prompts:
      - What physical strengths and resources exist in your community [or the community you serve]? For example, consider things that make a community feel safe, healthy, and accessible, such as parks, sidewalks, access to transportation, etc.
      - How are these resources different across different neighborhoods or areas?
      - How can these strengths and resources help us to address the key health issues we discussed previously? How can they be used to improve community health in general?
4. What barriers prevent your community [or the community you serve] from improving their health? Or are there things that prevent you and your community from being healthy?
   A. Prompts:
      - Are there needs that are not being addressed? How should they be addressed?
      - Consider the physical resources that make a community feel safe, healthy, and accessible (e.g., parks, sidewalks, access to transportation, etc.). What are some resources that do not exist in your community [the community you serve]? What would you like to see in your community?
      - What challenges or barriers exist in Pima that are outside of our direct control, such as the economy or policies? What would be the best way to address those barriers here in Pima?

- What barriers outside of Pima, like state or federal policies or international relations, *need to be addressed? How should we address them here in Pima?*

5. Has prejudice or any form of discrimination (for example: racism, sexism, ageism, or ableism) affected the health of people in your community? If so, can you describe some ways that this has happened?

A. If asked, provide an example: If someone was denied health services because of something they can't change about themselves, like their race, sexual orientation, gender, language, or income at the moment, how would that affect their health? Have you seen things like this in your community?

B. Prompt:

- How does prejudice/discrimination affect the health issues discussed earlier in the Focus Group?

6. *W*hat changes, both positive and negative, have you seen in the past 3-5 years that impact the health of your community? Consider issues such as health, jobs, relationships, family, social connections, health care, or other services.

- What are some of the impacts of COVID-19 (or anything related to COVID-19) that you or your community are still dealing with?
- What about changes outside of your control, such as changes in the community, society, or policy that affect health and wellbeing?

7. *To* close the focus group, we'd like to discuss the changes you would most like to see in your community to build upon your strengths and address the challenges that we have discussed today. Since the last three questions were focused on challenges, let's recap what you all shared about the strengths and resources found in the community. **[Recorder will summarize strengths and resources from Question 3].**

- Take a minute and think about what your community might look like if everyone was able to get what they needed to be healthy. What would it look like? What would it sound or smell like? What would people be doing? Focus on one thing that you are picturing and think about the answer to this question: If you had a magic wand, what is one thing you would do with it to improve the health of our community? Why did you choose that?

Part IV: Closure (~5 minutes)

(**NOTE:** Ask participants if there is anything they would like to add or any questions they have. Restate the value of their contribution and thank them. Tell participants how they can get in touch with someone if they have any questions about the Pima County CHA.)

- *Example: This brings us to the end of our focus group. We would now like to open it up for any questions you may have or if there is anything else you would like to add. We greatly appreciate your contributions to the Community Health Assessment and thank you for taking the time out of your day to participate in this focus group.*
- *The information from this focus group will be incorporated into a Community Health Assessment Report by the end of this year. The report will be publicly available, and we aim to send the final report out to participants once it is available.*